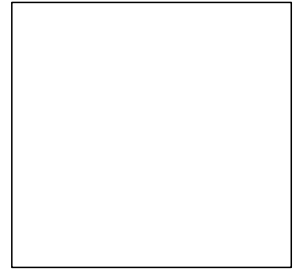




STUDENT APPLICATION FORM (MALAYSIAN CITIZEN)

University College Sabah Foundation
 Jalan Sanzac Sembulan,
 88100 Kota Kinabalu Sabah, Malaysia
 Tel No : 088-511111 / 511112
 Fax No : 088-511213



Instructions:
 1. Please complete ALL sections in this form using **BLOCK LETTERS** in Black or Blue pen.
 2. This application is the property of UCSF. All supporting documentations attached with the application **WILL NOT** be returned.
 3. This Student Application form and all accompanying documents must be submitted in hardcopies.

INTAKE : April September YEAR : For Office use only Student ID:

PROGRAMME APPLIED (By Interest)	1	<input style="width: 95%;" type="text"/>
	2	<input style="width: 95%;" type="text"/>
	3	<input style="width: 95%;" type="text"/>

A. PERSONAL INFORMATION (Please complete all the section using CAPITAL LETTERS)

Name as Stated on IC / Passport <input style="width: 98%;" type="text"/>	Marital Status
<input style="width: 98%;" type="text"/>	<input type="checkbox"/> Single <input type="checkbox"/> Divorced
<input style="width: 98%;" type="text"/>	<input type="checkbox"/> Married <input type="checkbox"/> Widowed

Nationality <input type="checkbox"/> Citizen <input type="checkbox"/> Non-Citizen : _____ <small>(Please specify)</small>	Gender
<input style="width: 98%;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

Date of Birth <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 50%;" type="text"/>	Place of Birth <input style="width: 98%;" type="text"/>
NRIC No. <input style="width: 40%;" type="text"/> - <input style="width: 10%;" type="text"/> - <input style="width: 50%;" type="text"/>	

Correspondence Address

State <input style="width: 98%;" type="text"/>	Country <input style="width: 98%;" type="text"/>	Postcode <input style="width: 98%;" type="text"/>
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Home Tel. No. 6 0 <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	Religion <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Buddhist <input type="checkbox"/> Others _____ <small>(Please specify)</small>
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Mobile Phone No. 6 0 <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	Ethnic Origin <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Bumiputra <input type="checkbox"/> Others _____ <small>(Please specify)</small>
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Email

B. PARENT'S / GUARDIAN'S INFORMATION

DETAILS	PARENT / GUARDIAN 1	PARENT / GUARDIAN 2
Relationship with applicant	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others :	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others :
Name	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
NRIC / Passport No.	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race	<input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Bumiputra :	<input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Bumiputra :
Religion	<input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Buddhist <input type="checkbox"/> Others :	<input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Buddhist <input type="checkbox"/> Others :
Nationality	<input type="checkbox"/> Citizen <input type="checkbox"/> Non-Citizen :	<input type="checkbox"/> Citizen <input type="checkbox"/> Non-Citizen :
Address	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
Postcode	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
State	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
Country	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
Occupation	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
Employer	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
Office No.	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
Mobile Phone no.	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
Email (if any)	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
Gross Salary (RM)	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
Total Dependent	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>

***Please tick (✓) if applicable*

C. EDUCATION BACKGROUND

<input type="checkbox"/> SPM / O-Levels	<input type="checkbox"/> UEC	<input type="checkbox"/> Foundation
<input type="checkbox"/> STPM / A-Levels	<input type="checkbox"/> Degree	<input type="checkbox"/> Certificate
<input type="checkbox"/> SAM	<input type="checkbox"/> Diploma	
<input type="checkbox"/> Others (Please Specify) _____		

Name of School / Institution

State / Country

If you have a diploma certificate recognised by the Malaysian Ministry of Education, you may qualify and be eligible for credit transfer for some of your diploma courses. If you wish to apply for credit transfer, please complete the following?

**Please tick (✓) if applicable Yes No

For all application for credit transfer, please furnish the course/module syllabus(es) or curriculum from the university or college in which you have pursued your diploma programme. Please take note that credit transfer would only be considered if you have already graduated and the programme and institution are accredited and recognised by the Malaysian Qualifications Agency (MQA).

D. ENGLISH PROFICIENCY

<input type="checkbox"/> SPM / O-Levels English Grade	:	_____	<input type="checkbox"/> TOEFL Score	:	_____
<input type="checkbox"/> IELTS Band	:	_____	<input type="checkbox"/> Intensive English Programme (IEP)	:	_____
<input type="checkbox"/> MUET Band	:	_____	<input type="checkbox"/> Others (Please specify)	:	_____

**Please tick (✓) if applicable

E. MEDICAL / SPECIAL NEEDS

The information below is used to assist UCSF in monitoring, supporting and improving its service to students with medical disabilities. Disclosing this information will not in any way affect one's admission to UCSF.

Do you have a disability, impairment or long term medical condition which may affect your studies? Yes No

If yes, please indicate the type(s) of medical condition

<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision	<input type="checkbox"/> Medical mobility
<input type="checkbox"/> Learning	<input type="checkbox"/> Others (Please specify)	

**Please tick (✓) if applicable

JKM Registration No. (If relevant) : _____

F. ACCOMMODATION

Required* Not Required

** If required, please complete the Hostel Application Form with a Room Booking Fee of **RM150.00**

G. APPLICANT DECLARATION AND AGREEMENT

I declare that all the above information provided by me in this application form is true and correct.

I acknowledge and agree:

- That UCSF reserves the right to vary or reserve any decision regarding my admission or enrolment made on the basis of incorrect or incomplete information given by me.
- To abide by all academic, administrative and examination rules and regulations, and to uphold the integrity and good name of UCSF at all time.
- That UCSF shall have absolute right as it deems fit to defer, close or not to commence any modules or programmes, and to review, change and update any of its curriculum at any time.
- That by signing this form, I confirm that I have read, understood the contents and completed this form voluntarily.

If applicant is under the age of 18 years, consent from parent/guardian is required:

APPLICANT'S SIGNATURE

Name : _____

Date : _____

APPLICANT'S PARENT/GUARDIAN'S SIGNATURE

Name : _____

Relationship : _____

Date : _____

H. APPLICATION CHECKLIST (Please Tick ✓ for documents attached with this form)

- Completed Student Application Form
- Completed Accommodation Form (if accommodation is required)
- 4 Passport Size Photographs (blue background only) - Students are encouraged to bring passport size photographs in the form of soft copy (CD)
- 4 Certified True Copies of High School Results / Transcripts & Certificates / SPM / O-Levels / STPM / A-Levels / UEC / Sam / CPU / Diploma & Academic Transcript
- 4 Certified True Copies of MUET / IELTS / TOEFL
- 4 Certified True Copies of Applicant's IC & Birth Certificate
- 4 Certified True Copies of both Parents / Guardian's IC & Birth Certificate
- 4 Certified True Copies of Parent's Salary Slip / Income Statement
- 4 Certified True Copies of Parent's Death Certificate / Divorce Letter (If relevant)

NOTICE TO STUDENTS OF PRIVACY AND DATA PROTECTION

1. In compliance with the PERSONAL DATA PROTECTION ACT 2010 of Malaysia, UCSF is committed towards ensuring the confidentiality, privacy and protection of all personal data including sensitive personal information.
2. Therefore, we would like to seek your voluntary consent and understanding of the nature of the implication and action thereof with the submission of the Application Form and all accompanying information.

STUDENT DECLARATION:

By submitting this application form,

- a) The student hereby agree that UCSF may collect, obtain, store and process his/her personal data provided for the purpose of UCSF processing, assessment, administration, management, promotion and marketing purposes.
- b) The student agree that the personal information and academic and/or finance records of the student may be disclosed to his/her parents/guardians, or the relevant governmental authorities or third parties where required by law or for legal and administrative purposes.
- c) The student hereby give his/her advanced consent that UCSF may use the personal data and information including photographs and recordings of the student, in any media form or broadcast production when he/she becomes a UCSF student for promotional, advertising and marketing purposes.
- d) In addition, the student personal data may be transferred to any company within, or associated, or affiliated with UCSF which may involve sending the personal data to locations outside Malaysia.

By signing this form, you confirm that you have read, understood the contents and voluntarily completed this form. If you are below 18 years of age, this form must be signed additionally by a parent or guardian.

If applicant is under the age of 18 years, consent from parent/guardian is required:

APPLICANT'S SIGNATURE

Name : _____
 Date : _____

APPLICANT'S PARENT/GUARDIAN'S SIGNATURE

Name : _____
 Relationship : _____
 Date : _____

I. DOCUMENT SUBMISSION

1. The applicant is to complete this Application Form and prepare all necessary supporting documents in **HARDCOPY**.
2. All hardcopy documents are to be **handed in/posted using REGISTERED MAIL** to:

UCSF Registrar's Office
 University College Sabah Foundation
 Level 3, Main Building,
 Jalan Sanzac, Sembulan,
 88100, Kota Kinabalu,
 Sabah, Malaysia
 Tel: 088-511146

(End of Application Form)