

APPLICATION FOR ADMISSION (INTERNATIONAL STUDENT)

CONFIDENTIALITY:

1. Write in CAPITAL L 2. Attach certified true c 2 copies of ALL pag 4 passport size photo Transcripts and Cert Completed Health D An official English t No-Objection Certif Letter of Eligibility of Letter of sponsorship 3. Enclose a processing	ETTERS and tick () copies of the following: ges of passport (must have graph with white backgr ificates; peclaration Form; rranslation if the academic icate (NOC) is only required (LOE) is only required if p, scholarship or financia fee of RM2750.00 (Appli	where applicable. e a validity period of ound (45 millimeter of documents are not ired if the student is the student is from I levidence (if any) ocation Fee RM750.0	s (mm) high x 35mm wide); A in English; from Sudan;	cademic 12000.00) in the fo	
			POS	STGRADUAT	ΓE PROGRAMME
. PROGRAMME PR	EFERENCE				
		Progra	amme Name		
Choice 1					
Choice 2					
Choice 3					
Study Mode	Full Time				
. PERSONAL PARTI	CULARS				
Full Name					
Passport			Nationality		
Date of Birth(DD/MM/YYYY)			Gender	Male	Female
Marital Status	Single	Married	E-mail		
Address					
Postcode			State and Country		
Phone Number (Home)			Phone Number (Mobile)		
Permanent Address (if different from above)					
Postcode			State and Country		
Phone Number					
. EMERGENCY CO	NTACT				
Full Name					
Relationship			Nationality		
Address			'		
Phone Number		Fax Number		E-mail	

4. ACADEMIC QUALIFICATI	ONS (attach a separate sheet of p	aper for additional informati	on)						
Name of Unive	Level of Study	Name of Programme	CGPA / Grade						
5. WORKING EXPERIENCE (with the most recent employer first) Job Title Name of Organization Start Date End Date									
Job Title	Name of C	ame of Organization		e End Date					
6. RESEARCH PROPOSAL (for Kindly attach a brief research propositive view in 3 to 5 pages				nd a brief literature					
7. DISABILITY STATUS									
I do not have a disability or il	llness that requires special attention								
I have a disability that require	es university support								
Wheelchair user / Mob	Hearing Disability								
Learning Disability	Vision Disability								
Dyslexia	Others (specify)								
OKU Registration No:									
8. DECLARATION BY APPLIC I attest that I have personally filled ir understand that withholding informati to appear for an interview or to under which I have applied. Signature	n this form and the information conta ion or giving false information will ma	ake me ineligible for admissi	on. I also understand	d that I may be required					
	Date								
Recruited by									
Company Name	Company Seal	S	Signature						
Contact Person									
FOR OFFICE USE ONLY		FOR RECRUITMENT AGENT ONLY							
Processed by (name and signature)	Date	Company stamp	Conta	act person and signature					

Please send the completed form with relevant supporting documents to:

UNITAR INTERNATIONAL UNIVERSITY

3-01A Level 2, Tierra Crest, Jalan SS6/3, Kelana Jaya, 47301, Petaling Jaya, Selangor Darul Ehsan, Malaysia (Attn: International Sales Department) **Tel:** +603 7627 7200 Fax: +603 7627 7464