UNIVERSITY OF MALAYA
CENTRE *for* CONTINUING EDUCATION

APPLICATION FORM

PROGRAMME:

Place your passport-sized photograph here

The applicant is required to fill in the Application Form and send it to University of Malaya Centre for Continuing Education (UMCCed), Level 7, Wisma R&D University of Malaya, Jalan Pantai Baharu, 59990 Kuala Lumpur. Each application form must be enclosed with ONE copy of your IC, TWO copies of your passport-sized photograph, ONE set of certified copies of relevant certificates and a recognition letter from the employer (if available).

A. PERSONAL PARTICULARS

1. Full Name : _____
2. Sex : _____

3. I/C No. : (old) _____ (new) _____

4. Nationality : _____
5. Race : _____

6. Date of Birth : _____
7. Place of Birth : _____

8. Permanent Address :

_____

_____

_____

9. Postal Address : (if different from above)

_____

_____

_____

10. Company : _____

11. Company Address : _____

_____

_____

_____

12. Contact No. : (home) _____ (office) _____

(mobile) _____

13. Fax No. : (home) _____ (office) _____

14. E-mail : (official) _____ (personal) _____

B. ACADEMIC BACKGROUND

	Bachelor/Masters/PhD	University/Institution	Year
1.			
	Diploma	University/Institution	Year
2.			
	Certificate/SPM	University/Institution	Year
3.			

Please attach certified copies of relevant certificates.

C. WORK EXPERIENCE

Position	Organisation/Employer	Year

Please attach a recognition letter from your employer (if available).

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D. NEXT OF KIN

1. Name : _____

2. Relationship : _____

3. Address : _____

_____

_____

_____

4. Contact No. : _____

E. REFERENCES

1. Name : _____

   Position : _____

   Address : _____

   _____

   _____

   _____

   Contact No. : _____

2. Name : _____

   Position : _____

   Address : _____

   _____

   _____

   _____

   Contact No. : _____

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F. DECLARATION

I hereby confirm that all statements and evidence submitted by me are true. I understand that University of Malaya Centre for Continuing Education reserves the right to reject or withdraw this offer at any time if the statements and evidence given by me are false.

Date : _____   Applicant's signature : _____

G. VERIFICATION (if applicable)

I fully support this application and agree to give my co-operation to the applicant to attend this course, if successful.

Date: _____   _____

Employer/Head of Department's signature

Name:

Position:

Official Stamp:

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