

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).

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. : _____

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: