REGISTRATION FORM

This form becomes a part of our records. Please complete using CAPITAL LETTERS.

PERSONAL DATA

NAME: ____________________________________________________________

RESIDENTIAL ADDRESS: ____________________________________________

TELEPHONE NO: _____________________________ MOBILE NO: _____________________________

PASSPORT NO: _______________________________________________________

VISA NO: ___________________________________ EXPIRY DATE (VISA): ____________

RELIGION: __________________________ RACE: __________________ COUNTRY OF ORIGIN: ______________________

DATE OF BIRTH: ____________ FACULTY: ____________________________

EMAIL: _____________________________________________________________

PLEASE TICK ( √ ) WHERE APPROPRIATE

SEX: [ ] MALE [ ] FEMALE MARITAL STATUS: [ ] SINGLE [ ] MARRIED

COURSE FEES (PAYMENT): [ ] SCHOLARSHIP/GOVERNMENT

[ ] SELF- SPONSORED

NEXT OF KIN

NAME: ____________________________________________________________

ADDRESS: _________________________________________________________

TELEPHONE: _____________________________ FAX: _____________________________

RELATIONSHIP: _____________________________________________________

I undertake to pay all fees due by the date as determined by UMCCed. I understand that the RM53 fee paid for the Placement Test will not be refunded if I do not sit for the test. I further understand that if I fail to pay the fees in full, I may not be allowed to sit for the Placement Test.

DATE: ____________

(Applicant’s Signature)

(For Office Use Only)

ADMISSION DATE: ____________

COURSE DURATION: ____________

TOTAL AMOUNT RECEIVED: ____________

Starting Level:  
  [ ] Foundation
  [ ] Intermediate
  [ ] Advanced

APPROVED BY: __________________________________ DATE: ____________