

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.

(Applicant's Signature) DATE:

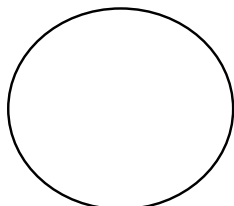
UNTUK KEGUNAAN PEJABAT (FOR OFFICE USE ONLY)

ADMISSION DATE: Starting Level: _____

COURSE DURATION:

TOTAL AMOUNT RECEIVED:

Foundation
 Intermediate
 Advanced



APPROVED BY: _____

DATE: