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: ________________________________

EMAIL: ________________________________

FACULTY: ________________________________

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 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)

UNTUK KEGUNAAN PEJABAT (FOR OFFICE USE ONLY)

ADMISSION DATE: ________________________________

COURSE DURATION: ________________________________

TOTAL AMOUNT RECEIVED: ________________________________

APPROVED BY: ________________________________

DATE: ______________

Starting Level:

[ ] Level 1 - Beginner

[ ] Level 2 - Elementary

[ ] Level 3 - Lower Intermediate

[ ] Level 4 - Intermediate

[ ] Level 5 - Upper Intermediate

[ ] Level 6 - Advanced