

REGISTRATION FORM

Malay Language Proficiency Programme

This form becomes a part of our records. Please fill in using CAPITAL PERSONAL DATA	LETTERS.	Please affix
NAME:		photo (1 Pieces)
RESIDENTIAL ADDRESS:		
	MOBILE NO	
IC/PASSPORT NO		
RELIGION: RACE: COUNTRY OF ORIGIN:		
DATE OF BIRTH: FACULTY:		
EMAIL:		
PLEASE TICK (√) WHERE APPROPRIATE		
SEX: FEMALE MALE MARI	TAL STATUS: SINGLE MA	ARRIED
SCHOLARSHIP/GOVERNMENT SELF- SPONSORED		
NEXT OF KIN INFORMATION		
NAME:		
ADDRESS:		
TELEPHONE	FAX	
RELATIONSHIP:		
I undertake to pay all fees due by the date as determined by UMCCed. I understand that fees RM1272.00/RM2120.00/RM2438.00/RM2650.00 paid are not refundable. I further understand that if I fail to pay the fees in full; I may not be allowed to sit for the examination.		
(Applicant's Signature)	DATE	E:
UNTUK KEGUNAAN PEJABAT (FOR OFFICE USE ONLY)		
ADMISSION DATE	CLASS :	
DURATION	APPROVED BY :	
TOTAL AMOUNT RECEIVED	DATE :	
University of Malaya Centre for Continuing Education Level 13, Wisma R & D, University of Malaya, Jalan Pantai Baharu, 59990 Kuala Lu	Tel: 603-22463600 rmpur Fax:603-22463613 www.umcced.edu.my	