

| Reference No | | | | | |
|----------------|--|--|--|--|--|
| (for UCYP use) | | | | | |

APPLICATION FOR ADMISSION (FOR INTERNATIONAL STUDENTS ONLY)

Please ensure that $\mbox{\bf ALL}$ Sections are completed in BLACK/BLUE ink.

| SECTION A: INTAKE & PROGRAMME APPLIED | | | | | | | |
|--|--|------------------------|----------------------------|---------------------------|--|--|--|
| Please tick (v) | only ONE (1) Intake and | indicate your preferre | ed choice of programme | | | | |
| Intake - | Master / Degree | : February | ☐ September | Year: 20 | | | |
| | Diploma | : 🗌 June | ☐ December | Year: 20 | | | |
| | e Applied (please indic | | ame whenever applicable) | | | | |
| Note: If the programme applied is not offered in the intake indicated, your application will be processed for the nearest available intake. Incomplete application or application received after the closing date will automatically be considered for the next available intake. For incomplete application, if University College of Yayasan Pahang do not receive the required documents by the closing date of the next intake, the application will be rejected based on insufficient information. | | | | | | | |
| SECTION B(| i): PERSONAL DET | AILS (Please attach a | a copy of your passport as | indicated in the document | ts checklist) | | |
| | o biry Issue: sue / utus th (dd/mm/yy) | | | | Affix Recent Photo (3.5cm × 4.5cm) | | |
| Telephone Email Addr | | | Mobile No. | . | | | |
| SECTION B(ii): PASS/VISA DETAILS (For applicant who is currently in Malaysia, please complete this Section) | | | | | | | |
| Malaysian Immigration □ Malaysian PR □ Social Visit □ Student pass □ Dependant pass Pass/Visa: □ Diplom atic pass □ Others (please specify): □ | | | | | | | |
| Expiry Date of the Immigration Pass/Visa: | | | | | | | |

| Correspondence Address (Please note this is the address to which the College will send all correspondence): | | | | | | |
|---|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| City/State: Post/Zip Code: Country: | | | | | | |
| Mobile Phone No.: Home Telephone No.: | | | | | | |
| Email Address: | | | | | | |
| Permanent Address (if different from the correspondence address): | | | | | | |
| | | | | | | |
| | | | | | | |
| City/State: Post/Zip Code: Country: | | | | | | |
| | | | | | | |
| SECTION C: MEDICAL FITNESS | | | | | | |
| Do you have any disability or illness? | | | | | | |
| ☐ NO Disability/Illness ☐ Yes (If yes, please specify:) | | | | | | |
| If yes, applicant is required to submit a medical report in his/her application and may be interviewed by the Faculty/Centre. | | | | | | |
| SECTION D. ACADEMIC QUALIFICATIONS | | | | | | |
| SECTION D: ACADEMIC QUALIFICATIONS (Please attach all relevant academic transcripts and certificates as indicated in the document checklist) | | | | | | |
| SECONDARY STUDIES | | | | | | |
| | | | | | | |
| Grade 10 or 11 or Equivalent (e.g. O Level/SPM) (please specify): | | | | | | |
| Name of School/Institution: | | | | | | |
| Month and Year Completed: | | | | | | |
| | | | | | | |
| Grade 12 or Equivalent (e.g. A Level/STPM/UEC) (please specify): | | | | | | |
| Name of School/Institution: | | | | | | |
| Month and Year Completed: | | | | | | |
| | | | | | | |
| TERTIARY STUDIES | | | | | | |
| Name of College/University/Institution: | | | | | | |
| Country: | | | | | | |
| Name of Certificate/Award: | | | | | | |
| CGPA/Grade: | | | | | | |
| Month and Year Commenced: | | | | | | |
| Month and Year Completed: | | | | | | |

SECTION E: ENGLISH LANGUAGE PROFICIENCY TEST

Type of Test

(Please attach a copy of English Language proficiency test result as indicated in the document checklist)

| IELTS (Academic) | | | | | |
|-----------------------------|---------------|----------------------|-------------------|-----------------|------------|
| TOEFL (Paper-based) | | | | | |
| TOEFL (Internet-based) | | | | | |
| PTE Academic | | | | | |
| Others (please specify): | | | | | |
| | | | | | |
| CECTION E. EVEDA CUDO | ICIU AD ACTIV | (ITIEC (5) | | | |
| SECTION F: EXTRA-CURR | ICULAR ACTIV | /IIIES (Please attac | n documentary pro | of of your part | icipation) |
| Sports: | | | | | |
| Uniformed Bodies: | | | | | |
| | | | | | |
| Club/Society: | | | | | |
| SECTION G: PARTICULAR | OF PARENT/ | GUARDIAN | | | |
| SECTION G. PARTICOLAR | OT TAILERTY | SOANDIAN | | | |
| Parent/Guardian Name: | | | | | |
| Nationality: | | | | | |
| Relationship (if guardian): | | | Occupation: | | |
| Contact No.: | Mobile: | | Home: | | Office: |
| Email Address: | | | | | |
| Annual Household | | | | | |
| Income (USD): | | | | | |
| Address: | | | | | |
| | | | | | |
| | | | | | |
| City/State: | | Post/Zip Code: | | Country: | |
| - <u>-</u> | | • | | - <u>-</u> | |
| PERSON TO CONTACT IN | CASE OF EMI | ERGENCY | | | |
| Name: | T | | | | |
| Relationship: | | | | | |
| Contact No.: | Mobile: | | Home: | | Office: |
| Email Address: | | | | | |
| Address: | | | | | |
| | | | | | |
| | | | | | |
| City/State: | | Doct /7: C1 | | | |
| City/State: | | Post/Zip Code: | 1 | Country: | |

Year Taken

Grade/Band/Score

SECTION H: DOCUMENTS

I declare that all information and documents given and submitted are true and complete. I understand that University College of Yayasan Pahang has the right to reject this application or to terminate my student status with immediate effect and my application for admission into University College of Yayasan Pahang programmes in future will not be considered if I am found to have provided false or incomplete information, certificates or supporting documents.

I understand that my information and details in University College of Yayasan Pahang records may be released to government, legislative and enforcement agencies and where these information is required to comply with any laws or regulatory requirements.

I agree that University College of Yayasan Pahang can send me information related to University College of Yayasan Pahang.

I hereby declare that I have read and understood and agree to comply with University College of Yayasan Pahang policy on refund of fees.

| Please tick (V) the box below if you have read and un | derstood the above-mentioned clauses. | |
|---|--|--------------------------|
| ☐ I hereby declare that I have read and ur | nderstood and agree to comply with the | above-mentioned clauses. |
| | | |
| | | |
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| | | |
| Name of Applicant | Signature of Applicant | Date |

Note:

- 1. To be considered for admission to a programme of study, applicants must meet the minimum entry requirements. Meeting the entry requirements however, does not necessarily guarantee admission to the programme.
- 2. All documents submitted to the College will be treated with confidentiality. The document will become part of the official files of the College and cannot be released or returned to the student or another institution.