











| 1.                                | APPL   | LICATION (   | CHI  | ECI   | KLI   | ST        | ' Plea      | ise . | inclu | ude t | he i                  | follov | ving i   | item       | s wh             | ere a                          | appl               | licable      | <del>)</del> |                |                      |                               |            |      |      |            |         |        |       |    |
|-----------------------------------|--|--|--|---|-------|-----------|-------------|-------|-------|-------|-----------------------|--------|--|------------|------------------|--------------------------------|--------------------|--------------|--------------|----------------|----------------------|-------------------------------|------------|------|------|------------|---------|--------|-------|----|
|                                   | Photocopy identity card or 1st & Visa page of passport Acc |  |  |   |       |           |             |       |       |       |                       | (CCI   | reditation letter (MKPK)<br>nission letter from employer |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   |  | s passport pi  |  | of academic qualifications Job offer            |       |           |             |       |       |       |                       |        |  |            |                  |                                | ION<br>r le        | i le<br>itte | tter<br>r fr | ont<br>mo      | m en                 | اساد<br>اسs                   | PIO<br>SVE | yer  |      |            |         |        |       |    |
| 2                                 |  |  | CHECKLIST Please mark (X) where applicable.  |   |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              | -              | · P · C              |                               |            |      |      |            |         |        |       |    |
| FACULTY OF INFORMATION TECHNOLOGY |  |  |  |   |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   | 1  |  |  |   |       |           |             |       |       |       |                       | _      | ۵rir   | 20.3       | with             |                                | ı ıl+              | ime          | dia          |                |                      |                               |            |      |      |            |         |        | 1     |    |
|                                   |  |  | nce (Hons) in Software Engineering with Multimedia<br>nce (Hons) in Information Technology |   |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   |  |  |  | mation Technology with Technopreneurship (Hons) |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   |  |  |  | formation Technology                            |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                | Affix                | •                             | •          |      |      |            |         |        |       |    |
|                                   |  |  |  | nation Technology                               |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                | pict                 | ıre h                         | nere       | ;    |      |            |         |        |       |    |
|                                   |  |  |  | outer Networking                                |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   |  |  | ation Technology   |   |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   |  | ULTY OF B  |  |   |       |           | <b>-</b> 9/ |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   | Bachelor of Business (Hons) in Accounting                  |  |  |   |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   |  | elor in (Hor   |  |   |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                | Mode of study Intake |                               |            |      |      |            |         |        |       |    |
|                                   |  | dation in B  |  |   |       |           |             |       |       |       | •                     |        |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   | -  | s (Foundati  |  |   |       | ine       | (22         |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                |                      |                               |            | -    |      |            |         | Mar    |       |    |
|                                   |  |  | ness & Finance   |   |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              | Ev           | em             | ng                   |                               | _          | Apri |      |            |         |        |       |    |
|                                   | -  |  | ess & finance<br>es Administration   |   |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                |                      |                               |            | Octo | ber  | -          |         |        |       |    |
|                                   |  |  | ARTS & HUMANITIES  |   |       |           |             |       |       |       |                       |        |  |            |                  | How did you find out about us? |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   | Bach   | elor of Desi   | gn (Hons) in Professional Design (Visual Communication)                                    |   |       |           |             |       |       |       |                       |        |  |            |                  | Newspaper Advertising          |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   |  | dation in D  |  |   |       |           |             |       |       |       |                       |        |  |            |                  | Borneo Bulettin                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   |  |  | a in Graphic Design Technology   |   |       |           |             |       |       |       |                       |        |  |            |                  | Walk-in Inquiry                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   |  | Certificate in Art & Design  |  |   |       |           |             |       |       |       |                       |        |  |            | Friends & Family |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   |  |  | TY OF MULTIMEDIA & BROADCASTING  |   |       |           |             |       |       |       |                       |        |  |            |                  | Н                              | Kolej IGS Open Day |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   |  | Bachelor of Communication (Hons) in Digital Media                                    |  |   |       |           |             |       |       |       |                       |        |  | Т          |                  | Education Fair / Expo          |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   |  | oma in Anir  |  |   |       |           |             |       |       |       |                       |        | 1410   | Jun        | J                |                                |                    |              |              |                |                      | Social Media (Instagram, etc) |            |      |      |            |         |        |       | 2) |
|                                   |  |  |  |   |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         | scribe |       | -/ |
|                                   |  | oma in Interactive & Multimedia Design oma in Advertising, Multimedia & Broadcasting |  |   |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    | 0 (1         | 1010         | <i>,</i> (, ,, | <i>,</i>             | , 40                          | 001100     | ,    |      |            |         |        |       |    |
|                                   | Corti  | ficate in Ele  | cro  | nic   | J, 19 | را:<br>ال | . D.        | on.   | u c   | tion  | . /[                  | auc    | iasiii   | ng<br>R. T | ۱/۱              |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   |  |  |  |   |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   |  | SONAL INF  |  |   |       |           |             | ise   | com   | plete | e in                  | BLO    | CK L   | .ET 1      | ERS              | 5                              |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
| (as                               | rLICAN I<br>per local                                      | 'S FULL NAME<br>identity card  |  |   |       |           |             |       |       |       |                       | _      |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      | _          | $\perp$ |        |       |    |
| or p                              | assport)   |  |  |   |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
| Ider                              | ntity Card   | d/Passport No.   |  |   |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              | ID (           | Colo                 | ur:                           |            |      |      |            |         |        |       |    |
| Date                              | of Birth   | (DD/MM/YYYY)   |  |   | /     |           | /           |       |       |       | C                     | end    | er   |            | Male             | )                              |                    | Fema         | ile          | Mar            | ital                 | Sta                           | tus        |      | Sing | ===<br>gle |         |        | arrie | d  |
| Nati                              | onality  |  | Race:  |   |       |           |             |       |       |       | Religion: Personal En |        |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
| Occ                               | upation  |  | Company Name:  |   |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   | ition  |  |  | Department:                                     |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   | rent Addi  | ross   | · ·  |   |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    | _            |              |                |                      |                               |            |      |      |            |         |        |       |    |
| Our                               | one riadi  | .000   |  |   |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
| Mobile No.                        |  |  |  |   |       |           |             |       |       |       |                       |        |  |            |                  | Т                              |                    |              |              |                | Т                    | Т                             | $\top$     |      |      |            |         |        |       |    |
| Office Address                    |  |  | IVIOI  | Mobile No. Home No.                             |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   | se Addre   | :00  |  |   |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   | Cm 11  |  |  |   |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
| Office No.                        |  |  |  |   |       |           |             |       |       |       |                       |        | Offi   | ice En     | nail             |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   | manant A<br>ifferent fi                                    |  |  |   |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   | rent Addi  |  |  |   |       |           |             |       |       |       |                       |        |  |            |                  |                                |                    |              |              |                |                      |                               |            |      |      |            |         |        |       |    |
|                                   |  |  |  |   |       |           |             |       |       |       |                       |        |  |            |                  |                                | H                  | lome         | No.          |                |                      |                               |            |      |      |            |         |        |       |    |

| 3. PARENT / GUARDIAN INFORMATION Please complete in BLOCK LETTERS  |   |                   |           |        |          |                         |          |                                       |           |       |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
|--|---|-------------------|-----------|--------|----------|-------------------------|----------|---------------------------------------|-----------|-------|-----------|------------------------------------|-------|----------|----------|-----------|-------------------------------|-------|-------|----------|----------|----------|--------------|----------|-------|-------|----------|--|--|--|
| FATHER'S FULL NAME   |   |                   | Π         |        |          |                         | T        |                                       |           | Т     |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       |       | П        |  |  |  |
| (as per local identity card or passport)   |   |                   |           |        |          |                         | +        |                                       |           |       |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       |       | $\vdash$ |  |  |  |
| Identity Card/Passport No.   |   |                   |           |        |          |                         | 1        |                                       |           |       |           |                                    |       |          |          |           | ID                            | Colo  | our : | <u> </u> | <u> </u> | <u> </u> |              | <u> </u> |       |       |          |  |  |  |
| Date of Birth (DD/MM/YYYY)   | )   |                   | /         |        | /        |                         |          |                                       | Perso     | nal E | ⊥<br>Emai | <u> </u>                           |       | <u> </u> |          |           | <u> </u>                      |       |       |          |          |          |              |          |       |       |          |  |  |  |
| Nationality  |   | Race: Religion:   |           |        |          |                         |          |                                       |           |       |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
| Occupation   |   |                   | <u> </u>  |        |          |                         | Co       | mp                                    | any Na    | me:   |           |                                    |       |          | <u> </u> |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
| Office Address   |   |                   |           |        |          |                         |          |                                       |           |       |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
|  |   |                   |           |        |          |                         |          |                                       |           |       |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
|  | Мо  | bile              | No        | р.     |          |                         |          |                                       |           |       |           |                                    |       |          | Home No. |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
| MOTHER'S FULL NAME   |   |                   |           |        |          |                         | T        |                                       |           | Ī     |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          | Ī     |       |          |  |  |  |
| or Guardian (as per local identity card or passport)   |   |                   |           |        |          |                         |          |                                       |           |       |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
| Identity Card/Passport No.   |   |                   |           |        |          |                         |          |                                       |           |       |           |                                    |       |          |          |           | ID                            | Cold  | our : |          |          |          |              |          |       |       |          |  |  |  |
| Date of Birth (DD/MM/YYYY)   |   |                   | 7         |        | /        |                         |          |                                       | Perso     | nal E | ≟mai      | l:                                 |       |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
| Nationality  |   |                   | F         | Race:  |          |                         |          |                                       | Religion: |       |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
| Occupation   |   | Company Name:     |           |        |          |                         |          |                                       |           |       |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
| Office Address   |   |                   |           |        |          |                         |          |                                       |           |       |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
|  |   |                   |           |        |          |                         |          |                                       |           |       |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
|  | Мо  | bile              | No        | D.     |          |                         |          |                                       |           |       |           |                                    |       | H        | lome     | No.       |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
| 4. ACADEMIC AN   | D/O   | RI                | PF        | ROF    | ESS      | SION                    | AL       | G                                     | QUAL      | IFIC  | CAT       | 10                                 | NS    | F        | Pleas    | e co      | mple                          | te in | BL    | эск      | LE       | TTEI     | RS и         | here     | е арј | olica | ble      |  |  |  |
| Academic level (state below)   | Pro   | grar              | nn        | ne nar | ne       |                         |          |                                       |           | Year  |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
|  | Ins   | titue             | na        | ame    |          |                         |          |                                       |           |       |           |                                    |       |          |          |           | CGPA / Class / Grade          |       |       |          |          |          |              |          |       |       |          |  |  |  |
| Academic level (state below)   | Pro   | grar              | nn        | ne nar | ne       |                         |          |                                       |           |       |           |                                    |       |          |          |           |                               |       |       |          | Year     |          |              |          |       |       |          |  |  |  |
|  | Ins   | titue             | na        | ame    |          | CGPA / Class / Grade    |          |                                       |           |       |           |                                    |       |          |          |           |                               |       |       | е        |          |          |              |          |       |       |          |  |  |  |
| Other academic or  | Pro   | grar              | nn        | ne nar | ne       |                         |          |                                       |           |       |           |                                    |       |          |          |           |                               |       |       |          |          |          | Yea          | r        |       |       |          |  |  |  |
| professional qualifications  | Ins   | titute            | e na      | ame    |          |                         |          |                                       |           |       |           |                                    |       |          |          |           | CGPA / Class / Grade          |       |       |          |          |          |              |          |       |       |          |  |  |  |
| GCE A-I  | evels   | ;                 |           |        | E        | English Maths           |          |                                       |           |       |           |                                    |       |          |          |           | GCE O-levels                  |       |       |          |          |          |              |          |       |       |          |  |  |  |
| 5 MEDICAL / HE   | ) :   | ECL.              | <br>A D / | ATIO   | N /      | 2/0                     | ana atat |                                       | diaa      | Lica  |           | ' aitu                             | otion | o the    | t tha    | المد      | 000                           | o dua | iniat | rotio    | n h o    | o to     | <b>b</b> a a |          | of    |       |          |  |  |  |
| 5. MEDICAL / HEALTH DECLARATION Please state medical issues / situations that the college administration has to be aware of. |   |                   |           |        |          |                         |          |                                       |           |       |           |                                    |       |          | OI.      |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
|  |   |                   |           |        |          |                         |          |                                       |           |       |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
| 6. FEE PAYMENT METHOD / FINANCIAL AID Please mark (X) where applicable.  |   |                   |           |        |          |                         |          |                                       |           |       |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
| Self-financed  | Self-financed Government scholarship Other scholarship (name of organisation & details) |                   |           |        |          |                         |          |                                       |           |       |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
| 7. DECLARATION   |   |                   |           |        |          |                         |          |                                       |           |       |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
|  |   |                   |           | 41-1-  | <i>6</i> |                         | 41       | -l -                                  |           | 44    | 4 1-      | /                                  |       | 1:       |          | ! -       | 4                             | 1 41  | 4     |          |          |          | 16.          |          | 4!    |       | .1.1     |  |  |  |
| I declare that all informativesult in rejection of my a  |   |                   |           |        |          |                         |          |                                       |           |       |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       | wou   | ild      |  |  |  |
| I also confirm that I have   |   |                   |           |        |          |                         |          |                                       |           |       |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
| Applicant's signature  |   |                   |           |        |          |                         |          |                                       |           |       |           | Describe ( Overalle a le signature |       |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
| Applicant's signature  Name  |   |                   |           | -      |          |                         | oto (DD) | Parent's / Guardian's signature  Name |           |       |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
|  |   | Date (DD/MM/YYYY) |           |        |          |                         |          |                                       |           |       |           |                                    | airie |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
| 8. FOR OFFICE U  |   |                   |           |        |          |                         |          |                                       |           |       |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
| Application accepted   |   | I Off             |           | most   | 25 11    | Conditional             |          |                                       |           |       |           |                                    |       |          |          | -         |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
| Semester admitted Conditions   | _ rea   | ur 1 (-           | se        | emeste | ər 1)    | 1) Year 2 (Semester 3)  |          |                                       |           |       |           |                                    |       |          |          |           | uno                           | aled  | hv    |          |          |          |              |          |       |       |          |  |  |  |
| Exemptions   |   |                   |           |        |          |                         |          |                                       |           |       |           |                                    |       |          |          |           | Counceled by  Date            |       |       |          |          |          |              |          |       |       |          |  |  |  |
| Issue Offer Letter for A   | pril li   | ntake             |           |        |          |                         |          |                                       |           |       |           |                                    |       |          |          |           |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |
| Issue Offer Letter for S   |   |                   |           | ntake  |          | Registrar's Endorsement |          |                                       |           |       |           |                                    |       |          |          |           | Head of Faculty's Endorsement |       |       |          |          |          |              |          |       |       |          |  |  |  |
| Date   |   |                   |           |        | <u> </u> | Date                    |          |                                       |           |       |           |                                    |       |          |          | Date Date |                               |       |       |          |          |          |              |          |       |       |          |  |  |  |