

1. APPLICATION CHECKLIST *Please include the following items where applicable*

- ☐ Photocopy Identity Card or 1st & Visa Page of Passport (Color)
- ☐ 2 pcs Passport Photo
- ☐ Certified Copies of Academic Qualifications
- ☐ Job Offer Letter From Employer
- ☐ Permission Letter From Employer
- ☐ Accreditation Letter (MKPK) - For Office Use Only

Affix
Passport Photo
Here

2. APPLICATION CHECKLIST *Please mark (X) where applicable.*

FACULTY OF INFORMATION TECHNOLOGY

- ☐ Bachelor of Science (Hons) in Information Technology
- ☐ Bachelor of Science (Hons) in Software Engineering with Multimedia

Intake

☐ March
☐ August

☐ Day
☐ Evening

3. PERSONAL INFORMATION *Please complete in BLOCK LETTERS*

APPLICANT'S FULL NAME (as per local identity card or passport)																			
Identity Card/Passport No.														ID Colour :					
Date of Birth (DD/MM/YYYY)		/		/				Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status		<input type="checkbox"/> Single <input type="checkbox"/> Married					
Nationality		Race:				Religion:				Personal Email:									
Occupation		Company Name:																	
Position		Department:																	
Current Address																			
		Mobile No.										Home No.							
Office Address																			
		Office No.										Office Email							
Permanant Address (If different from Current Address)																			
		Home No.																	

4. ACADEMIC AND/OR PROFESSIONAL QUALIFICATIONS *Please complete in BLOCK LETTERS where applicable*

Academic Level (state below)	Programme Name	Year	
	Institute Name	CGPA / Class / Grade	
Academic Level (state below)	Programme Name	Year	
	Institute Name	CGPA / Class / Grade	
Other Academic or Professional Qualifications	Programme Name	Year	
	Institute Name	CGPA / Class / Grade	
<input type="checkbox"/> GCE A-Levels		<input type="checkbox"/> English <input type="checkbox"/> Maths	
<input type="checkbox"/> GCE O-Levels			

5. PARENT / GUARDIAN INFORMATION Please complete in BLOCK LETTERS

FATHER'S FULL NAME (as per local identity card or passport)																													
Identity Card/Passport No.																				ID Colour :									
Date of Birth (DD/MM/YYYY)		/		/																				Personal Email:					
Nationality		Race:						Religion:																					
Occupation						Company Name:																							
Office Address																													
		Mobile No.												Home No.															
MOTHER'S FULL NAME (as per local identity card or passport)																													
Identity Card/Passport No.																				ID Colour :									
Date of Birth (DD/MM/YYYY)		/		/																				Personal Email:					
Nationality		Race:						Religion:																					
Occupation						Company Name:																							
Office Address																													
		Mobile No.												Home No.															

6. MEDICAL / HEALTH DECLARATION Please state medical issues / situations that the college administration has to be aware of.

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7. FEE PAYMENT METHOD / FINANCIAL AID Please mark (X) where applicable.

<input type="checkbox"/> Self-Financed	Other Scholarship (Name of Organisation & Details)
<input type="checkbox"/> Government Scholarship	

8. DECLARATION

I declare that all information given in this form and the documents attached are valid. I understand that giving false information would result in rejection of my application. With this, I hereby agree for Kolej IGS to check my qualifications whenever necessary. I also confirm that I have the original copies of the certificates and be able to produce them when requested.

Applicant's signature		<div> <div>/</div> <div>/</div> <div></div> <div></div> <div></div> <div></div> </div>		Parent's / Guardian's signature	
Name		Date (DD/MM/YYYY)		Name	

9. FOR OFFICE USE ONLY

Application Accepted	<input type="checkbox"/> Full Offer	<input type="checkbox"/> Conditional	
Semester Admitted	<input type="checkbox"/> March	<input type="checkbox"/> August	
Conditions			
Exemptions			Counseled By
			Date
<input type="checkbox"/> Issue Offer Letter for March Intake	Registrar's Endorsement		Head of Faculty's Endorsement
<input type="checkbox"/> Issue Offer Letter for August Intake			
Date	Date	Date	