KOLEJ IGS BRUNEI DARUSSALAM

كوليج فڠاجين سيسواڽ انتارابڠسا

Kolej Pengajian Siswazah Antarabangsa
International Graduate Studies College

In Collaboration With MAHSA UNIVERSITY

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 BUSINESS

- ☐ Bachelor of Business Administration
- ☐ Bachelor of Accounting (Hons)
- ☐ Foundation in Business

FACULTY OF INFORMATION TECHNOLOGY

- ☐ Bachelor of Information Technology (Hons)

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* ☐ *Male* ☐ *Female*	*Marital Status* ☐ *Single* ☐ *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 PROFRESSIONAL 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*	

☐ *GCE A-Levels* ☐ *English* ☐ *Maths* ☐ *GCE O-Levels*

Kolej International Graduates Studies, Blok Tengah, Kompleks Setia Kenangan, Lot 22083 Kiulap,
Mukim Gadong BE1518, Negara Brunei Darussalam.
Tel: +673-2238701 | Fax: +673-2238710 | Email: enquiry@igsbrunei.edu.bn | Website: www.igsbrunei.edu.bn

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 *or Guardian (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.*

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

☐ *Self-Financed* ☐ *Government Scholarship*	*Other Scholarship (Name of Organisation & Details)*

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	/ /	*Parent's / Guardian's signature*
Name	*Date (DD/MM/YYYY)*	*Name*

9. FOR OFFICE USE ONLY

Application Accepted	☐ *Full Offer* ☐ *Conditional*	
Semester Admitted	☐ *March* ☐ *August*	
Conditions		*Counseled By*
Exemptions		*Date*

☐ *Issue Offer Letter for March Intake* ☐ *Issue Offer Letter for August Intake*	*Registrar's Endorsement*	*Head of Faculty's Endorsement*
Date	*Date*	*Date*

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