

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

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

FACULTY OF BUSINESS

- ☐ Diploma in Business
- ☐ Diploma in Human Resource Management
- ☐ Certificate in Business

FACULTY OF INFORMATION TECHNOLOGY

- ☐ Diploma in Information Technology

FACULTY OF MULTIMEDIA AND BROADCASTING

- ☐ Diploma in Multimedia
- ☐ Diploma in Mass Communication

FACULTY OF ARTS & HUMANITIES

- ☐ Diploma in Graphic Design
- ☐ Certificate in Creative Design

Affix
Passport Photo
Here

Intake

- ☐ March
- ☐ August

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.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;">/ /</div>	Parent's / Guardian's signature
Name		Date (DD/MM/YYYY)

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	