

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

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

Intake

- March
- August

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

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 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.*

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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				<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Date (DD/MM/YYYY)			
Name								Parent's / Guardian's signature			
								Name			

9. FOR OFFICE USE ONLY

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