

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 MULTIMEDIA AND BROADCASTING

- Certificate in Electronic Media Production

Intake
March
August

FACULTY OF ARTS & HUMANITIES

- Certificate in Art & 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