

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

FACULTY OF ARTS & HUMANITIES

- ☐ Certificate in Art & Design

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																					
Office Address		Mobile No.										Home No.									
Permanent Address (If different from Current Address)		Office No.										Office Email									
		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 style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;">/ /</div>	Parent's / Guardian's signature
Name		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	