

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

☐ BriBUS (Foundation in Business)

FACULTY OF GENERAL STUDIES

☐ Bri-iCOMM (Foundation in Communication)

Intake

☐ March (14 Weeks)

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.					
Permanant 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 (14 Weeks)		
Conditions			
Exemptions			Counseled By
			Date
<input type="checkbox"/> Issue Offer Letter for March Intake	Registrar's Endorsement		Head of Faculty's Endorsement
Date	Date		Date