



INTERNATIONAL APPLICATION FOR ADMISSION

CENTRE FOR INTERNATIONAL RELATIONS (CIR)

Representative/agent stamp
(If applicable)

Affix a
passport
size photo

Please return this form to Centre for International Relations.
Please complete the form in **BLOCK LETTERS** and attach all supporting documents. Mark "x" where applicable.

PERSONAL INFORMATION

First Name (Given Name): _____
As indicated in passport

Last Name (Family Name): _____
As indicated in passport

Title (Ms, Miss, Mrs, Mr etc.): _____ Gender: Male Female Date of Birth (dd/mm/yyyy): _____

Marital Status: Single Married Religion: _____ Ethnic: _____

Country of Birth: _____ Nationality: _____

Passport Number: _____ Place of Issue (Passport): _____

Passport Expiry Date (dd/mm/yyyy): _____ Email: _____

Telephone: _____ Mobile: _____ Fax _____

Do you currently hold a valid Malaysian Visa: Yes No If Yes, type of visa: _____

Current Address: _____ Permanent Address (If different from current address) :

Postcode: _____ Country: _____ Postcode: _____ Country: _____

**Please fill in the details correctly as all information will be emailed and sent directly to the given addresses.*

EDUCATION BACKGROUND

Secondary/High School Education

Name of School: _____

Address: _____

Postcode: _____ Country: _____

Month/Year Commenced: _____ Month/Year of Completion: _____
(e.g. January 2015) (expected or actual)

Qualification (Year 12/A-Level etc.): _____

Tertiary Education

Name of College/University: _____

Address: _____

Postcode: _____ Country: _____

Month/Year Commenced: _____ Month/Year of Completion: _____
(e.g. January 2015) (expected or actual)

Qualification (e.g. Foundation in Business/Bachelor of Business etc.): _____

**Please attach all relevant certified certificates & transcripts.*

ADMISSION INFORMATION

Foundation Programme

Intake: May September Year: _____

Programme: Foundation in Arts Foundation in Science

Undergraduate Programme

Intake: February September Year: _____

Programme Preference (e.g. Bachelor of Business Administration):

1. _____

2. _____

3. _____

Do you have any knowledge of the Malay language: Yes No
If yes, please attach the relevant certification/proof.

Are you currently enrolled in any College or University: Yes No

If yes, please provide the following:

Name of College/University: _____ Estimated Date of Completion: _____

ENGLISH PROFICIENCY

Have you taken any English proficiency test before: Yes No

If yes:

Test Name (e.g. IELTS): _____ Result: _____ Date Taken: _____

What is your first language (English/Mandarin etc.): _____

**Please attach all relevant certified certificates & transcripts.*

CHECKLIST

Please attach the following documents:

- 2 copies of certified Birth Certificate
- 2 copies of certified Identity Card
- 2 copies of passport with minimum 1 year validity (including front & used pages)
- 2 copies of certified academic transcript/result
- 2 copies of English proficiency test result
- 15 copies of passport size photos
- Course syllabus/outlines (if applying for credit transfer)

**Please have the documents translated to English and certified by the court if they are of other languages.*

GENERAL PRIVACY STATEMENT

Students' information is gathered for various academic and administrative reasons. It is processed in accordance with the Malaysian Personal Data Protection (PDP) Act 2010, and will only be disclosed to third parties upon the individual's consent or to meet statutory obligation. The information provided in this application form will be kept and used ONLY for academic and administrative purposes by the University.

DECLARATION

I understand that withholding information requested may make me ineligible for admission to the University College of Technology Sarawak. I hereby certify that the information that I have provided on this application and in all other application materials is complete, accurate and true to the best of my knowledge and if admitted, I agree to abide by the rules and regulations of the University. I understand that misrepresentation of application information is a sufficient ground for cancelling admission or registration.

Signature of Applicant: _____ Date (dd/mm/yyyy) : _____

OFFICE USE ONLY

Received & Checked by: _____ Date Received (dd/mm/yyyy) : _____

Application Status: Complete Incomplete

Remarks: _____

PLEASE SEND THE APPLICATION TO:

Centre for International Relations
University College Of Technology Sarawak
No. 1, Jalan Universiti
96000 Sibul, Sarawak
Malaysia.

Tel: +60 84 367 300

Fax: +60 84 367 301

Email: internationaloffice@ucts.edu.my

Website: www.ucts.edu.my