



**SOUTHERN**  
UNIVERSITY COLLEGE

南方大学学院



**Application & Registration Form**  
入学注册申请表

ID:

Ref:

编号

☐

Local Student

本地生

☐

International Student

国际生

Intake 入学月份: \_\_\_\_ Month 月 \_\_\_\_ Year 年 \_\_\_\_

**A. Personal Particulars 个人资料:**

Name (Eng) : \_\_\_\_\_  
姓名 (英)

Name (Chi) : \_\_\_\_\_  
姓名 (中)

IC / Passport : \_\_\_\_\_  
身份证/护照

Race 种族 : \_\_\_\_\_ Gender 性别 : ☐ Male 男 ☐ Female 女

Nationality 国籍 : \_\_\_\_\_ Country of Birth : \_\_\_\_\_  
出生地

Age 年龄 : \_\_\_\_\_ Marital Status: ☐ Single ☐ Married  
婚姻状况 单身 已婚

Tel No. (H) 电话 : \_\_\_\_\_ Tel No. (H/P) 手机: \_\_\_\_\_

Income 收入 : \_\_\_\_\_ E-mail : \_\_\_\_\_

Correspondence Address : \_\_\_\_\_  
通讯地址

Permanent Address : \_\_\_\_\_  
永久地址

**B. Spouse/ Parent Particulars 配偶/父母资料:**

Name (Eng) : \_\_\_\_\_  
姓名 (英)

Name (Chi) : \_\_\_\_\_  
姓名 (中)

IC / Passport : \_\_\_\_\_  
身份证/护照

Relationship : \_\_\_\_\_ Occupation 职业 : \_\_\_\_\_  
与学生关系

Race 种族 : \_\_\_\_\_ Nationality 国籍 : \_\_\_\_\_

Income : \_\_\_\_\_ Religion 宗教 : \_\_\_\_\_  
收入

Tel No. (H) 电话 : \_\_\_\_\_ Tel No. (H/P) 手机: \_\_\_\_\_

E - mail 电邮 : \_\_\_\_\_

Correspondence Address : \_\_\_\_\_  
通讯地址

Permanent Address : \_\_\_\_\_  
永久地址

### C. Course Selection 课程选择:

Programme Selected : \_\_\_\_\_  
课程选择

### D. Emergency Contact (1 person) 紧急联络人 (1位) :

Name (Eng) : \_\_\_\_\_ Name (Chi): \_\_\_\_\_  
姓名 (英) 姓名 (中)

Relationship : \_\_\_\_\_  
与学生关系

Tel No. (H) : \_\_\_\_\_ Tel No. (H/P) : \_\_\_\_\_  
电话 手机

### E. Working Experience 工作经历:

	Company Name/ Position	Telephone	Year
Com 1			
Com 2			
Com 3			
Com 4			

### F. Referrals 推荐人 (2位)

Name	Company	Position	Tel	Years known

### G. Academic Record 学历:

	School Name 校名	Town/District 州/县	Year of Graduation 毕业年份
小学 Primary Education			
初中 Lower Secondary			
高中 Upper Secondary			
其他 Others			

## H. Status of Health 健康状况

(PLEASE TICK (√) IN THE RELEVANT BOX): 请在适当的空格打(√)

	Yes 是	No 否	If "Yes" please state 如“有”请注明
Type of Disease 病症			
Congenital or Inherited Disorder 先天性或遗传性失调			
Allergy 敏感			
Mental Illness 精神上的疾病			
Fits,stroke other neurological 癫痫、中风、神经系统疾病			
Heart or Vascular Disease 心脏或血管疾病			
Asthma 哮喘			
Tuberculosis 肺结核			
Drug Addiction 药物成瘾			
AIDS or HIV 艾滋病			

## I. Refund Policy 退款政策

Course Fees are outlined on the Fee Schedule. Course Fees must be paid before the commencement date of the course. Refunds will be made in the following circumstances – Course cancellation, withdrawal prior to commencement of course. Where a student commences study but due to extenuating circumstances is unable to complete the course a partial refund may be made at the discretion of the college, under such circumstances, application for refund should be made in writing to the relevant department.

## J. Checklist 检查表

Local Student 本地生

International Student 国际生

<input type="checkbox"/>	Completed Student Application Form 报名表
<input type="checkbox"/>	Certified Copies of High School Results/ Transcripts & Certificates 成绩单副本
<input type="checkbox"/>	Certified Company employment service Certificate 公司受雇证明书
<input type="checkbox"/>	Certified Copy of IC IC 副本
<input type="checkbox"/>	3 Passport Size Photographs 3 张护照型照片
<input type="checkbox"/>	1 copy of curriculum vital (Eng) 一份英文履历表
<input type="checkbox"/>	RM500 Registration Fee (Non-refundable) RM 500费 (恕不退还)

<input type="checkbox"/>	Completed Student Application Form 报名表
<input type="checkbox"/>	Certified True Copies of the Secondary School / Secondary Vocational School Results (certified translated copies are required if it is not in English language) 成绩单 (英文版)
<input type="checkbox"/>	3 Passport Size Photographs (blue background only) 3 张护照型照片 (蓝底)
<input type="checkbox"/>	1 Full Set Copy of Passport (inclusive of cover) 护照复印本 (前后)
<input type="checkbox"/>	Certified Company employment service Certificate 公司受雇证明书
<input type="checkbox"/>	1 copy of curriculum vital (Eng) 一份英文履历表
<input type="checkbox"/>	RM700 Registration Fee (Non-refundable) RM700 注册费 (恕不退还)

## K. Declaration 宣誓书

I acknowledge that the EDP is jointly managed by SC Education Management and Southern University College.

I certify that the information on this Application Form is complete, true and accurate.

I understand that the personal data on this Application Form is collected for the purpose of the EDP, and I consent for this data to be disclosed to, processed and stored by the SC Education Management for the purpose of such administration. I further consent for this data may be processed in an anonymous form for statistical and research purpose for the development of the EDP. SPACE of Southern University College and SC Education Management administering the EDP confirm that they will not disclose any personal information about candidates to others except as stated in this Declaration or to the extent permitted by law.

I understand that if the details on this form are not completed my application may not be processed. I further understand that completing and submitting this Application Form does not guarantee enrolment on my preferred in take date.

I understand that my enrolment will be confirmed in writing.

I acknowledge that I have read the Refund Policy contained on page 3 of this document and agree to abide by the rules and regulations contained therein.

I acknowledge that I have read the EDP information for Candidates booklet.

Singature : \_\_\_\_\_

IC/Passport No : \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_\_\_\_

## L. For Office Use:

☐ Conditional Offer

☐ Full Offer

☐ Rejected

Enrolled by: \_\_\_\_\_