

## INTERNATIONAL APPLICATION FOR ADMISSION

INTERNATIONAL OFFICE (IOF)

Affix a passport size photo

Representative/agent stamp (If applicable)

Please return this form to International Office. 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:		_ Nationa	lity:	
Passport Number:		Place of	f Issue (Passport):	
Passport Expiry Date (dd/mm/yyyy):		Email: _		
Telephone:	Mobile:		Fax	
Do you currently hold a valid Malaysian	Visa: □ Yes □ No	o If Yes, typ	pe of visa:	
Current Address:		Permanent .	Address (If different from curre	nt address) :
Postcode: Country:	ŧ	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:
	Nonth/Year of Completion: expected or actual)
Qualification (Year 12/A-Level etc.):	
Tertiary Education	
Name of College/University:	
Address:	
	Country:
	Nonth/Year of Completion:xpected or actual)
Qualification (e.g. Foundation in Business/Bachelor of Business etc.):	
ADMISSION INFO	DRMATION
Foundation Programme	
Intake: $\square$ April $\square$ September	Year:
Programme: $\square$ Foundation in Arts $\square$ Foundation in Science	ence
<u>Undergraduate Programme</u>	
Intake:   February   April   September	Year:
Programme Preference (e.g. Bachelor of Business Administration):	
1	
2	
3	
Do you have any knowledge of the Malay language: $\Box$ Yes If yes, please attach the relevant certification/proof.	i □ No
Are you currently enrolled in any College or University: $\ \Box$ Y	es 🗆 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:					
$\square$ 2 copies of certified Birth Certificate					
☐ 2 copies of certified Identity Card					
$\square$ 2 copies of passport with minimum 1 year validity (including front & used pages)					
$\square$ 2 copies of certified academic transcript/result					
$\square$ 2 copies of English proficiency test result					
$\square$ 15 copies of passport size photos					
$\square$ Course syllabus/outlines (if applying for credit transfer)					
*Please have the documents translated to E	English and certified by the court if they are of other languages.				
DECLARA:	TION				
DECLARAT	TION				
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) :				
	ANLY				
OFFICE USE ONLY					
Received & Checked by:	Date Received (dd/mm/yyyy) :				
Application Status:   Complete Incomplete					
Remarks:					

## PLEASE SEND THE APPLICATION TO:

International Office
University College Of Technology Sarawak
Lot 868, Persiaran Brooke
96000 Sibu, Sarawak
Malaysia.

Tel: +60 84 367 300 Fax: +60 84 367 301

Email: internationaloffice@ucts.edu.my

Website: www.ucts.edu.my