Application Form

		PART 1 : Enrollm	nent Infor	mation			
		Programme			leading to		
	Intake (month) (year) Campus						
	Previous Student ID at UFM (If applicable)						
		Please tick (✓) cour UCSI University (Mal ☐ Bachelor of Busir	aysia)		Thompson Rivers University (C Bachelor of Business Adm Bachelor of Business Adm		
Title			Surnam	e/Family Name			
Namo					Date of Birth		
Mairie					Date of Biltin		
Place of birth			Email Add	ress			
			Place of Is	SHE			
		_					
Issue Date (day)	(month)	(year)	Expiry dat	e		-	
Place at Birth			Religion			-	
Marital Status			Gender			-	
C							
Correspondence Address .							
	Postcode	Town/Cit	ty		State		
Country				Nationality			
Home Telephone No.				Mobile Phone No	·		
Permanent Home Address							
. emanene nome Address	Postcode	Town/C	itv		State		
	. 0310000	TOWITY			State		
Country							

PART 2 : Parent's / Guardian's Data

Relationship	FATHER		N	lationality					
Name			S	urname/F	amlly Name				
Mobile Phone No.			F	mail Addre	ess				
	S								
remanent nome Addres	5								
	Postcode	Town/City				State	e		
Relationship	MOTHER		N	ationality .					
Name			S	urname/Fa	amlly Name				
Mobile Phone No.				mail Addre					
Permanent Home Address	5								
remanent frome Address	,								
	_								
	Postcode	Town/City				State	2		
PART 3 : Educationa	l Background								
Name of School				_ Telepho	one No				
Address									
					OSANA (Ochu (Matriculation	Opinlama	
nignest Academic Qualifi	cation O SPM O 0-l						Matriculation		○IB
Subjects and Results	Others (Please spec	ify)		Y	ear of Examin	nation	Overall G	arade/ Aggregat	te
-	Subject		Grade	No			Subject		Grade
01.				06. —					
02.				07. —					
03.				08					
04.				09					
				10.					
Note: Please attach certifie English Proficiency	ed true copies of examination c	ertificates and result tro	anscripts.						
					Score				
					3core				
PART 4 : Academic A	Awards / Other Quali	ncations							
No	1	Name of Examination	n / Award					Grade / Aw	ard
01.									
02.									
03.									

Note: Please attach certified true copies of examination certificates and result transcripts.

REFUND POLICIES AND PROCEDURES

APPLICABLE TO ALL STUDENTS

- 1. I hereby agree that the Registration Fee / Application fee (inclusive EMGS payment) paid is, under any circumstances, NON REFUNDABLE.
- 2. I hereby agree that all initial fees paid as stipulated in the Letter of Acceptance / Conditional Letter of Offer / Conditional Letter of Acceptance are not refundable.
- 3. I hereby agree that once the initial fees are fully utilized, fees will be charged based on the Approved Course Selection.

Signature of Applicant

DECLARATION BY APPLICANT

I hereby understand and agree that it shall be my responsibility to know and abide with all relevant and applicable rules and regulations of UFM. I hereby declare that all information herein provided is complete, accurate, true to the best of my knowledge. I also hereby agree that UFM reserves the right to verify the same and I also agree that UFM reserves the right to vary or reverse any decision in respect to my registration in the event that the said information is found to be untrue, incorrect or incomplete. I also agree that in the event that UFM shall forfeit that said fees, I shall not have any claim whatsoever against UFM. I also agree that UFM reserves the right to alter, amend, change or modify the current published fees and all fees payable shall be published at the time of payment.

Name of Applicant .		
Data		
Date .		Signature of Applicant
Date		Signature of Guardian / Parent



