

CONFIDENTIALITY:

Information contained herein will be used for admission purposes. Please ensure the form is duly filled in.

1. Write in CAPITAL LETTERS and tick (✓) where applicable.
2. Attach certified true copies of the following:
 - Actual results of SPM / O Levels, STM / A Levels, Certificate, Diploma, academic transcripts and documents of other academic qualification;
 - Photocopy of MyKad/Passport; and
 - Letter of sponsorship, scholarship or financial evidence (if any)



APPLICATION FOR ADMISSION FOUNDATION / UNDERGRADUATE PROGRAMME

1. PROGRAMME PREFERENCE

Programme Name	
Choice 1	
Choice 2	
Choice 3	
Study Mode	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

2. PERSONAL PARTICULARS

Full Name (as in MyKad/Passport)			
MyKad / Passport No.		Nationality	
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		Email	
Address			
Postcode		State and Country	
Phone Number (Home)		Phone Number (Mobile)	
Permanent Address (if different from above)			
Postcode		State and Country	
Phone Number			

3. EMERGENCY CONTACT

Full Name (as in MyKad/Passport)			
Relationship		Nationality	
Address			
Phone Number	Fax Number	Email	

4a. ACADEMIC QUALIFICATIONS (attach a separate sheet of paper for additional subjects)

SPM / O Levels or equivalent

Subjects with a Credit and Above	Grade	Subjects with a Credit and Above	Grade

4b. ACADEMIC QUALIFICATIONS

STPM / A Levels or Equivalent

Subjects with a Principal Pass	Grade	Subjects with a Principal Pass	Grade

Certificate / Diploma or Equivalent

Name of University / College	Level of Study	Name of Programme	CGPA / Grade

5. WORK EXPERIENCE (if applicable)

Job Title	Name of Organisation	Start Date	End Date

6. DISABILITY STATUS

<input type="checkbox"/> I do not have a disability or illness that requires special attention	
<input type="checkbox"/> I have a disability that requires University support	
<input type="checkbox"/> Wheelchair user / Mobility difficulties	<input type="checkbox"/> Hearing Disability
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Vision Disability
<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Others (specify)
OKU Registration No:	

7. DECLARATION BY APPLICANT

I attest that I have personally filled in this form and the information contained herein is complete and accurate to the best of my knowledge. I understand that withholding information or giving false information will make me ineligible for admission. I also understand that I may be required to appear for an interview or to undergo such tests as requested by the University as a condition for admission to the programme of study for which I have applied.

I hereby consent to the collection, use, access, transfer, storage and processing of my personal data as described in Perdana University Privacy Policy Notice (<https://www.perdanauniversity.edu.my/privacy-policy/>).

Signature _____ Date _____

Recruited by			
Company Name		Company Seal	Signature
Contact Person			

FOR OFFICE USE ONLY		FOR RECRUITMENT AGENT ONLY	
Processed by (name and signature)	Date	Company Stamp	Contact Person and Signature

Please send the completed form with relevant supporting documents to:

PERDANA UNIVERSITY

Suite 5.3 (5th Floor), Wisma Chase Perdana, Changkat Semantan,
Damansara Heights, 50490 Kuala Lumpur, Malaysia
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