

APPLICATION FORM FOR GRADUATE STUDIES PROGRAMME (SCHOOL OF MEDICINE)

Please attach
passport size
photograph
here

Instruction to candidate

1. Please complete this form and attach a photograph.
2. Please ensure that all required documents are sent together with this form. Please go over the check-list before submitting this application form.

PART A.

1. Type Of Programme	:	<input type="checkbox"/>	PhD
		<input type="checkbox"/>	Masters
2. Semester And Session	:		
3. I.C Number / Passport No	:		
4. Name	:		
5. Birth Date	:	Date () Month () Year ()	
6. State / Country Of Birth	:		
7. Gender	:	Male () Female ()	
8. Religion	:		
9. Race	:	Malay () Chinese () Indian () Other () Please state : _____	
10. Nationality	:		
12. Marital Status	:	Single () Married ()	
13. Physical Disability	:		

PART B.

1. Type of registration	:	<input type="checkbox"/>	Fulltime
		<input type="checkbox"/>	Part Time
2. School	:		
3. Department	:	Not Applicable	
4. Programme	:		
5. Specialty	:		

PART C.

1. Mailing Address	:	
2. Permanent Address	:	
3. Telephone No.	:	Home : Office :
4. Mobile No.	:	
5. E-mail address	:	

PART D.

1. Present Position /Occupation	:	
2. Name / Address of Present Employer	:	

3. Previous Position / Work Experience (if any) :

Name of Positions	Employer(s)	From-To	Length of service

4. Financial Support :

	I am fully sponsored by my employer / home government
	I am self-sponsored

Please tick (√) in appropriate box.

Name and address of person or organization responsible for your fees	
<i>*Please attach ONE (1) copy of sponsorship or scholarship offer letter.</i>	

PART E

1. Name of spouse	:	
2. Spouse's state and country of birth	:	
3. Spouse's date of birth	:	Date () Month () Year ()
4. Information on Children		

Name	NRIC / Passport No.	Date of Birth

PART F

1. Professional Qualification

Qualification	Year Awarded	Awarded by

Please attach certified copies of document

2. Academic Qualification

Degree/Diploma	Institution	CGPA/Class	Years Attended

Please attach certified copies of document

3. English language qualification

Marks/Band		Marks/Band		Marks/Band	
	IELTS		TOEFL		OTHERS

Please enclose ONE (1) copies of TOEFL/IELTS/Other English Language Qualification results

4. Malay language / other language proficiency and equivalent qualification

Language	Name of Examination/Test	Grade/Mark/Band	Year
Malay			
Arabic			

PART I

I declare that all information and document provided are true and complete. I acknowledge that KPJ Healthcare University College may reject my application if the information and documents provided are found to be false or incomplete.

Date

Signature

THIS FORM, TOGETHER WITH SUPPORTING DOCUMENTS SHOULD BE SENT TO:

Head

Department of Admission and Financial Aid
KPJ Healthcare University College
Lot PT 17010, Persiaran Seriemas, Kota Seriemas
71800 Nilai, NEGERI SEMBILAN.
FAX : 06 794 2662
TEL : 06 798 4467
E-mail your inquiries to musa@kpjuc.edu.my.

For office use;

CHECKED BY :	APPROVED BY :
Dept. of Admission and Financial Aid	Dean of School
(Signature) :	(Signature) :
NAME :	NAME :
DATE :	DATE :

REFEREE FORM (1)

Part A : To be filled by the candidate

1.	Candidate's Name	:	
2.	I.C Number / Passport No	:	
3.	Type of Programme	:	
4.	Name of Programme	:	
5.	School/Institute/Centre	:	

PART B : To be filled in by Referee

1.	Name of Referee	:	
2.	Official Position	:	
3.	Employer's Name and Address	:	
4.	Office Telephone No	:	
5.	Mobile No	:	
6.	E-mail address	:	
7.	What is your relationship with the candidate?	:	
8.	How long have you known the candidate?	:	

9. The candidate's academic status in comparison with other students in his/her group

	Top 5%		Top 50%
	Top 10%		Bottom 50%
	Top 25%		

10. Please rate the candidate's ability in relation to the following:

Attributes	Very Good	Good	Fair	Poor
1. General Knowledge				
2. Potential as a scholar				
3. Ability to fulfil a responsibility				
4. Maturity and Emotional Stability				
5. Ability to conduct research independently				

11. Please describe briefly the candidate's potential for graduate study.

[illegible]

Date _____

Signature & Official Stamp



REFEREE FORM (2)

Part A : To be filled by the candidate

1.	Candidate's Name	:	
2.	I.C Number / Passport No	:	
3.	Type of Programme	:	
4.	Name of Programme	:	
5.	School/Institute/Centre	:	

PART B : To be filled in by Referee

1.	Name of Referee	:	
2.	Official Position	:	
3.	Employer's Name and Address	:	
4.	Office Telephone No	:	
5.	Mobile No	:	
6.	E-mail address	:	
7.	What is your relationship with the candidate?	:	
8.	How long have you known the candidate?	:	

9. The candidate's academic status in comparison with other students in his/her group

	Top 5%		Top 50%
	Top 10%		Bottom 50%
	Top 25%		

10. Please rate the candidate's ability in relation to the following:

Attributes	Very Good	Good	Fair	Poor
6. General Knowledge				
7. Potential as a scholar				
8. Ability to fulfil a responsibility				
9. Maturity and Emotional Stability				
10. Ability to conduct research independently				

11. Please describe briefly the candidate's potential for graduate study.

Date

Signature & Official Stamp

FINANCIAL GUARANTOR

1. Candidate's Name	:	<input type="text"/>
2. I.C Number / Passport No	:	<input type="text"/>

To be filled by Financial Guarantor (1)

1. Name of Financial Guarantor	:	<input type="text"/>
2. I.C Number / Passport No	:	<input type="text"/>
3. Address	:	<input type="text"/>
4. Birth Date	:	<input type="text"/>
5. Office Telephone No	:	<input type="text"/>
6. House Telephone No	:	<input type="text"/>
7. Mobile No	:	<input type="text"/>
8. Occupation	:	<input type="text"/>
9. Income Per Month	:	<input type="text"/>

****Please enclose a copy of the monthly income statement or EA Form or J Form.***

DECLARATION BY THE FINANCIAL GUARANTOR

I hereby declare that I will settle all outstanding payment due to KPJ Healthcare University College for the candidate for his/her study at KPJ Healthcare University College in the event that he/she is unable to do so.

Date

Signature