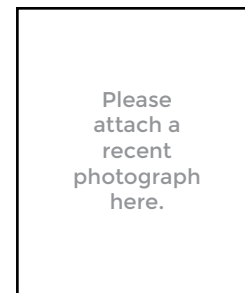


☐ Malaysian
☐ International



APPLICATION FORM

Please complete this form in BLOCK LETTERS and in BLACK.

A. FIELD OF STUDY	
Programme Applied For: <input type="checkbox"/> Foundation <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Postgraduate	
Name of the Programme (Please choose and indicate with a [✓] in the boxes below):	
<input type="checkbox"/> Foundation in Computing & Engineering <input type="checkbox"/> Diploma in Internet and Computing Technology <input type="checkbox"/> Diploma in Information Technology (Cyber Security) <input type="checkbox"/> Diploma in Interactive and Digital Media <input type="checkbox"/> Diploma in Information Systems (Business Computing) <input type="checkbox"/> Diploma in Computer Science (Game Development) <input type="checkbox"/> Bachelor of Computer Science (Hons) (BCS) <input type="checkbox"/> Bachelor of Software Engineering (Hons) (BSE)	<input type="checkbox"/> Bachelor of Engineering (Hons) in Computer Engineering (BECE) <input type="checkbox"/> Bachelor of Business Administration (MIS) (Hons) (BBA) <input type="checkbox"/> Master in Computing <input type="checkbox"/> Master of Science (Computer Science) <input type="checkbox"/> Doctor of Philosophy (Computing)
Intake (Please tick one only):	
Month: <input type="checkbox"/> February <input type="checkbox"/> May <input type="checkbox"/> September <input type="checkbox"/> Others:	Year:

B. PERSONAL PARTICULARS		
Full Name (as IC / Passport):		
MyKad No / Passport No:		
Correspondence Address:		
	City:	State:
	Postcode:	Country:
Home Phone No:		
Mobile No:		
Email:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Nationality:		
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Others:
Date of Birth: DD / MM / YYYY		
For Malaysians only <input type="checkbox"/> Malaysian <small>(Tick if you prefer to be identified as Malaysian first)</small>	Ethnicity: <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others:	
For international students only Do you hold a valid Malaysian visa/pass? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nationality:	
If yes, indicate type of visa/pass: <small>(e.g. social visit / student / dependent / diplomatic / MM2H / employment pass)</small>	Nearest embassy for SEV:	
Visa/Pass expiry date: DD / MM / YYYY	Passport expiry date: DD / MM / YYYY	

C. FAMILY INFORMATION
Full Name (as IC / Passport):
Relationship:
Mobile No:
Email:
Monthly Income:
No. of Dependents:

D. EMERGENCY CONTACT
Full Name (as IC / Passport):
Relationship:
Mobile No.:
Email:

E. ACADEMIC QUALIFICATION (SPM / STPM/ A-Levels / Foundation / Diploma / Degree / Others Results)				
No.	Name of Academic Qualification	Result Type (Actual/Forecast)	School / Institution Name	Completion Year
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

English Language Proficiency:		
Test Name	Score	Year
SPM English		
1119 GCE O Level		
IELTS		
Others		

A certified true copy or original transcript of all official results (including the grading scheme) must be attached to this application. Please provide certified English translated copies if the qualifications are in languages other than English.

F. FINANCIAL SOURCE

☐ Self-funded

☐ Sponsored by government / organisation:

☐ Others:

G. MEDICAL CONDITION

Do you have a disability, impairment or long-term medical condition which may affect your studies?

☐ Yes

☐ No

If yes, please provide the relevant medical documentation with this application and fill the health declaration form which will enable us to provide reasonable adjustments to support you in your studies. Disclosure of this information is treated confidentially and will not be used to disadvantage you.

ANNEX: REGISTRATION CHECKLIST

The following is the checklist of items that you need to bring along on the Registration Day at UNIMY.

Please [✓] the relevant box where applicable.

- ☐ UNIMY Offer Letter, with **ANNEX I: Fee Structure & Payment Methods**
- ☐ Payment slip as proof of payment for Registration Fee
- ☐ Original and ONE (1) copy of MyKad, both sides
- ☐ Original and ONE (1) certified true copy of all academic result (SPM/ STPM/ A-Levels/ Others)(for foundation and undergraduate)
- ☐ Two passport-size photographs
- ☐ Proof of financial means (if any), e.g., scholarship award, sponsorship, financial affidavit
- ☐ Completed Health Declaration Form (**ANNEX III**)
- ☐ Original and ONE (1) certified true copy of academic certificates/scroll transcript from previous institution (E.g: Master, Bachelor, Diploma, A-Level Certificate, Foundation, etc.)
- ☐ Original and ONE (1) certified true copy of other relevant certificates (E.g: school completion, professional bodies, etc.)

Postgraduate

- ☐ Referral report (to be submitted by referee directly to UNIMY)

Submit your application form & relevant documents to:

UNIMY (Admissions & Marketing Department)
3410, Jalan Teknokrat 3,
Cyber 4, 63000 Cyberjaya, Selangor, Malaysia.

Tel: 1300-88-5008 Email: admission@unimy.edu.my W: www.unimy.edu.my

DECLARATION

1. I hereby declare that all the statements given are true and every copy of certificate and attached documents are correct as instructed and that UNIMY has the right to retract this offer and be removed from the University programme should any statement and certificates are found false.
2. I hereby authorize the University and/or its employees to release my confidential information; including personal details, academic records, financial aid, discipline, and student financial account information to designated persons who have a legitimate educational interest in the records.
3. I agree to abide by the Statutes and Rules of the University, currently in force and as amended in the future, and that I must comply with orders and directions given by the constituted authorities of the University.
4. I have read and understood the information of tuition and other related fees provided and agree to pay the required expenses and fees.

I have read and understood the above conditions and accept them in full.

.....
(Signature)

Name:

Date:

If you are under 18 years of age at the time of submitting this form, you must have a parent or guardian to sign this declaration on your behalf:

.....
(Signature)

Name:

Date:

IC / Passport No.:

For office use only.

Approval for admission

☐ Full Offer

☐ Conditional Offer

Enrolled by:

Education counselor's name: _____

Date:

Appointed agent: _____

Date:

Payment Term: ☐ By month

☐ By year

☐ By EPF

☐ Others:

Remarks: