



PART A : PROGRAMME DETAILS

Course Title:

Intake:

Year:

☐ Full Time ☐ Part Time ☐ Open-Distance Learning (ODL)

PART B : PERSONAL DETAILS

Title: ☐ Mr ☐ Ms ☐ Mrs

Other

Gender: ☐ Male ☐ Female

Full Name (as per IC / Passport):

Race:

NRIC Number:

Religion:

Nationality:

Place of Birth:

Marital Status:

Date of Birth (dd/mm/yyyy)

Correspondence Address:

Postcode:

City:

State:

Country:

Contact Details:

Mobile

Email

Parent/Guardian Name:

Contact Details:

Mobile

Email

Relationship:

Correspondence Address:

Postcode:

City:

State:

Country:

Contact Person in Case of Emergency:

Relationship:

Contact Details:

Mobile

Email

PART C : ACADEMIC BACKGROUND (from lowest to highest)

Please include a certified translation if the originals are not in English.

Qualification	School/College/University	Year Completed	Result	
			Actual	Forecast

PART D : INFORMATION FOR PTPN APPLICANT

Parent/Guardian Details:

Name:	IC:	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Types of Jobs:	Income Tax Number:	Total Gross Salary/Month
<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Account Number:	KWSP Account Number:	Total Net Salary/Month
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the applicant an orphan? ☐ Yes ☐ NoIs the applicant's father/mother/
guardian receiving welfare from
JKM? ☐ Yes ☐ NoJKM Registration Number SSPN Account Number SSPN Plus Account Number Is the applicant currently employed? ☐ Yes ☐ NoApplicant's income tax number **FOR OFFICE USE ONLY**Student ID: Start Date: I-Card: Bank Name: Bank Account Number: Payment Option ☐ A ☐ B ☐ C

Referral Details/Agents (If Any)

Contact Detail

Mobile

PART E : CONDITION FOR ENROLMENT

- I declare that all the particulars provided in this form are complete and correct. I understand that should any information in this form be found to be inaccurate / incomplete, my registration may be terminated by the University College.
- I agree to abide by JUC's professional Code of Conduct, rules, regulations and policies.
- I hereby agree to give consent to JUC to release my academic reports / results and attendance reports to my parents / guardians / sponsors as part of the JUC 's Policies.
- I have also read and understood JUC's Fee Refund Policy which is stated in the Student Handbook.
- I undertake to ensure that all fees are paid by the specified due date, and failing which I agree to pay any late payment and / or administrative charges incurred after the due dates. If the fees are not received within 21 days from the due date, I understand that I may not be allowed to use the facilities at JUC.
- I hereby given permission to JUC for the use of photographs, images and videos in publicity and promotional material and to release relevant information to our University College Partners, Career Centre, Alumni and any government bodies or agencies as required.
- By providing my personal data, I agreed to receive information on courses, programmes and events that may benefit me.

Student's Signature:

Guardian's Signature If Student below 18 Years Old

Date:/...../.....

DD

MM

YYYY