

# APPLICATION FORM



## Important Note:

This application requires a non-refundable application fee of RM 500 payable to MDIS Unicampus (Malaysia) Sdn. Bhd.

For processing return this form and supporting documents to:  
Level 17, Office Tower, Johor Bahru City Square, 108, Jalan Wong Ah Fook, Johor Malaysia  
Post Code 80000

If you need assistance to complete this form please contact,  
For Malaysian Students: +607 2072 601 or email [info@mdis.edu.my](mailto:info@mdis.edu.my)  
For International Students: +6011 2690 7001 or email [InternationalDept@mdis.edu.my](mailto:InternationalDept@mdis.edu.my)

Please affix a recent  
passport size  
photograph  
(Background must be  
blue in colour  
3.5cm x 5cm)

Confidentially Clause: MDIS Malaysia is committed to maintaining the confidentiality of the student's personal information and undertakes not to divulge any of the students' personal information to any third party without the consent of the student.

## 1. Personal Details Please write in BLOCK LETTERS (in Black or Blue ink only)

Name as in MyKad / Passport:		Surname / Family Name:	
MyKad / Passport No.:	Date of Birth:	Place of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Race: <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> India <input type="checkbox"/> Others	Religion:		
Address:		Post Code:	
Address while at study:		Post Code:	
Tel No.:	Mobile No.:		
Email Address:			

## 2. Contact Details of Parent / Guardian

Full Name as in MyKad / Passport:		
Relationship:	Tel No.:	Mobile No.:
Full Home Address (Permanent) for correspondence:		
Email Address:		Occupation:

## 3. Course Applied

Course Name:
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## 4. Educational Qualifications

Highest Educational Qualifications Awarded (e.g. SPM, UEC, O Level, A Level)	COUNTRY	Year Enrolled (e.g. 2013)	Year Completed (e.g. 2013)	Date of Results expected (e.g. 2013)

English Qualification

TOEFL

IELTS

Score: \_\_\_\_\_ Year completed: \_\_\_\_\_

## 5. Employment Details

Name of Company	From (DD/MM/YY)	To (DD/MM/YY)	Position Title

## 6. Application Checklist

For Malaysian Students:

We thank you for your application to MDIS Malaysia. Please ensure the following documents accompany this application:

- Copy of the student's MyKad front and back
- Copy of parent/guardian's MyKad or passport (if student is under 21)
- Non-refundable application fee of RM 500 – if payment by Bank Draft / Cheque, make out in favour of:  
MDIS Unicampus (Malaysia) Sdn. Bhd.
- 1 Certified true copy of your academic certificate / transcript for the following:
  - SPM ○ O-level ○ STPM ○ UEC ○ A-Level ○ SAM ○ AUSMET ○ Diploma ○ Other: \_\_\_\_\_

For International students, please refer to the international student application checklist. Available at [www.mdis.edu.my](http://www.mdis.edu.my)

## 7. Declaration

### ACKNOWLEDGEMENT AND AGREEMENT

I have read and I fully understand the policies, terms and conditions and the nature and effects thereof. Hereby acknowledge that MDIS Malaysia staff / Agent the same and I hereby expressly confirm my agreement thereto. I further undertake to perform all such obligations and / or comply with all terms and conditions set out and to be performed or complied, on my part, particularly but not limited to payment of all monies payable.

I agree that any offer of placement is conditional on the accuracy of the information provided by me and upon my meeting the minimum pre-requisite results to enter such programme.

I consent to the processing by MDIS Malaysia of personal data (including sensitive personal data as defined in the Data Protection Act 2010) about me for the proper purposes of the institutions within the MDIS group in support of this application on the understanding that it may be used for all purposes within the policies and procedures governing privacy laws within MDIS Malaysia. Read the term and condition at the website.

I further confirm and consent to the use by MDIS without charge, my personal information in publicity and / or promotional exercise within MDIS Group and including without limitation photographs / images or recordings, the publishing of examination results, the award of a prize or scholarship, any achievement, academic or otherwise. I hereby authorize MDIS Malaysia to release relevant information to MDIS Alumni Association, Career Enhancement Department and any external bodies as required.

I certify that the information provided in this application form is correct and complete.

Signature of Student: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

### SIBLINGS

We would appreciate it if you could write the names of your younger siblings below.

Name: \_\_\_\_\_ Form this year: \_\_\_\_\_

Name: \_\_\_\_\_ Form this year: \_\_\_\_\_

### DECLARATION BY PARENT / GUARDIAN

(for students below 21 years of age)

I hereby agree to pay all fees due on the dates stipulated by MDIS Malaysia. I also understand and agree that if I default in paying the fees, MDIS Malaysia has the right to bar my child / ward from attending classes, including deregistration. I have also read and understood the conditions of enrolment and agree to the terms as laid out. I further consent to the use by MDIS, without charge, my child/ward(s) personal information (including photographs or images or recordings of students) in any publicity and / or promotional exercise within MDIS. I hereby apply for his /her admission to MDIS Malaysia as a full time student and I undertake to pay the full cost of this programme until complete.

Name of Parent / Guardian: \_\_\_\_\_

(as per MyKad / Passport)

My Kad / Passport No. \_\_\_\_\_

Relationship: \_\_\_\_\_

*In the event of an emergency, please contact:*

Name / Relationship: \_\_\_\_\_

Full address: \_\_\_\_\_

City: \_\_\_\_\_ Post Code: \_\_\_\_\_ State: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

### For Official Use only

Payment date:	
Payment Amount:	
Receipt No.:	
Batch No.:	
Commencement date:	
Reference No.:	
<b>To be completed by agent:</b>	
Agent Name:	
Marketer in-charge:	