



STUDENT APPLICATION FORM



(Please marks 'X')

FOUNDATION IN AGRISCIENCE

FOUNDATION IN INFORMATION TECHNOLOGY (IT)

HOW TO COMPLETE THIS APPLICATION FORM

1. Please use black ink pen only and write clearly using CAPITAL letters only.
2. All sections must be completed. Please indicate as 'NA' for sections that are not applicable.
3. Candidate must enclose one set of supporting documents that have been certified by recognized authorities, e.g. original issuing body. Supporting documents will not be returned.

A. PERSONAL INFORMATION

NAME : _____

DATE OF BIRTH : _____ AGE : _____ PLACE OF BIRTH : _____

MAILING 1 : _____ CITY : _____

MAILING 2 : _____ POSTAL CODE : _____

GENDER - Please mark "X" :

MALE FEMALE

MARITAL STATUS - Please mark "X" :

SINGLE MARRIED DIVORCED OTHER

IC NO / PASSPORT : _____ RACE : _____

MOBILE PHONE : (_____) HOME PHONE : (_____)
(include area/country code) (include area/country code)

EMAIL : _____

B. FAMILY INFORMATION - Parent or Guardian

NAME (FATHER / GUARDIAN) : _____

RELATIONSHIP : _____ RACE : _____

MOBILE PHONE : (_____) HOME PHONE : (_____)
(include area/country code) (include area/country code)

EMAIL : _____

NAME (MOTHER / GUARDIAN) : _____

RELATIONSHIP : _____ RACE : _____

MOBILE PHONE : (_____) HOME PHONE : (_____)
(include area/country code) (include area/country code)

EMAIL : _____


C. ACADEMIC QUALIFICATION INFORMATION
Educational History

NO	NAME OF SCHOOL/COLLEGE	BEGIN - MMY	END-MMY	CERTIFICATE
1				
2				
3				
4				

D. QUALIFICATION DETAILS - Please list down SUBJECTS of your recent/highest qualification

NO	SCHOOL/COLLEGE CERTIFICATE	SUBJECT OR UNIT	GRADE / MARK

Please write in separate paper (Following the above format) if space provided is not adequate



E. HEALTH INFORMATION

Have you ever been diagnosed of having any critical disease ?

NO YES, if YES please specify : _____

Are you physically disable ?

NO YES, if YES please specify : _____

F. DECLARATION

I, hereby declare that all information furnished above are **ACCURATE** and **TRUE** to the best of my knowledge. I also understand that Universiti Malaysia Sabah (UMS) has the right to reject this application or revoke the admission offer to UMS at any time should the information, certificates and relevant documentation furnished are found to be **INACCURATE** and/or **UNTRUE**

Date: _____

Signature: _____

G. APPLICATION CHECKLIST

Have You :

- Completed the application form and **SIGNED**.
- Attached certified copy (ies) of **IDENTITY CARD** for **APPLICANT** and **both PARENTS / GUARDIAN**
- Attached most **RECENT PASSPORT SIZED PHOTOS**
- Attached **ALL CERTIFIED RELEVANT CERTIFICATES**
- Attached **BIRTH CERTIFICATE OF APPLICANT** and **both PARENTS / GUARDIAN**
- Attached **CERTIFIED STATEMENT OF INCOME** for **both PARENTS / GUARDIAN**

Note: Only completed application form attached with the required documents will be given due consideration.

Please forward your application (softcopy/scanned version) to Preparatory Centre For Science and Technology: pejppst@ums.edu.my and the hardcopy to address stated below :

PREPARATORY CENTRE FOR SCIENCE AND TECHNOLOGY
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JALAN UMS,
88400 KOTA KINABALU SABAH
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