

## **PUSAT PENDIDIKAN BERTERUSAN**

Centre for Continuing Education

**PHOTO** 

## **APPLICATION FORM**

## **ENGLISH LANGUAGE PROFICIENCY PROGRAMME**

This form becomes a part of our records. Please complete all section using CAPITAL LETTERS. All fields are mandatory. Please tick ( v ) where appropriate.

A. PERSONAL DE	TAILS																													
Name (as in Passp	ort):																													
Address (Resident	al/ Perma	nent	):																											
																					$\Box$								$\perp$	
	++		_	$\bot$		$\bot$	$\bot$	_	_	$\perp$									1	_	4					4			+	
	++		+	+		+	+	+		+	$\dashv$	-							+	+	$\dashv$				_	$\dashv$			+	
G																			<u> </u>											
Country/State		$\top$	$\top$	$\top$	T	Т	$\top$	$\top$	$\top$	$\top$							Post	coa	le 	$\top$	$\neg$			7						
Telephone																								J						
Home:												Mol	ile:							$\Box$			Τ	Т			$\top$			
Passport						T	T					٦,	ate d	of Riv	th.		T		T			T			П				]	
No.:													ate (	וום וכ	ш.															
Marital Status: Single Married Gender: Male Female																														
Religion:	Mu	slim			Hind	du			Bu	ıddh	ist			Chris	stian			] o	the	rs _										
E-Mail :																														
Faculty :																														
																												_		
B. PARENT'S/ GU	IARDIAN	ľS/ N	IEXT	OF					_	_	_	_		_	_	_	_	_	_	_										
Father					Mo	obile	e No	<b>).</b>	Ļ	$\downarrow$	<u> </u>	+		$\perp$	+	<u> </u>	+	Ļ	4	_			_	_	_			_	_	
	+							┞	+	+	_	+		_	+	+	+	+	+	$\dashv$		_	$\vdash$	+	+			_	+	
<b>30-46</b> -5-7									+	+	+	+	+	+	+	$\frac{\perp}{\uparrow}$	+	÷	$\pm$	井		<u> </u>	<u> </u>							
Mother					IVIC	Dilido	e No	). T	$\perp$	+	+	+	+	+	+	$\frac{\perp}{\perp}$	+	÷	$\pm$	井				_	$\overline{}$			_	$\overline{}$	
+++	++							$\vdash$	+	+	+	+		+	+	+	+	+	+	$\dashv$			+	+	+				+	
Address (Resident	al / Perma	nent	١٠																											
Address (Nesident			<i>).</i>					Π		Τ	Τ			Т		Τ	Τ	Т	Т				Τ		Т				Τ	
																		T							$\top$					
Country/State														_	P	osto	ode	:												
C. DECLARATION																														
I hereby declare the reverse any decision understood and again Term and Condition	n in respo	ect of t all fe	my les p	regis aid d	trati are N	on ir IOT I	n the REFL	e ev	ent t	hat	the	said	infor	mati	ion is	s fou	ınd t	o be	e fai	lse,	inco	orre	ct or	rinc	com	ple	te. I	her	reby	fully



## **PUSAT PENDIDIKAN BERTERUSAN**Centre for Continuing Education

FOR OFFICE USE ONLY												
STARTING LEVEL												
Elementary												
Foundation												
Intermediate												
Advanced												
FOR OFFICE USE ONLY												
APPROVED BY:		ADMISSION DATE:	RECEIVED:									
			Date:	By:								
		TOTAL AMOUNT RECEIVED:										
Signature	 Date											
Jig.riatar c	Date											
Intake Jan	Feb Mar	Apr May	June									
July	Aug Sep	Oct Nov	Dec 20									
Student ID												

Please submit the completed application form to:

admission@umcced.edu.my