



POSTGRADUATE APPLICATION FORM

Please attach a passport sized photograph

1. Programme:.....
2. Mode of Study:
 - Full Time
 - Part Time

A. PERSONAL DETAILS

Name : _____
Note: Name should be written in upper case letters and as it would appear on the identity card/ international passport.

Gender : Male Female
 Marital Status : Single Married

Date of Birth : _____ Age : _____ years old
 [Day / Month / Year]

Country of Origin : _____

Nationality : _____

ID / Passport No. : _____

Current Address _____

E-mail Address : _____

Contact no. : Home - _____

: Mobile - _____

Name, address and telephone no of person to be contacted in the case of emergency:

Name _____

Current Address _____

Contact no. : Home - _____

: Mobile - _____

D. ENGLISH LANGUAGE PROFICIENCY QUALIFICATION (please tick (v) at the appropriate box)

Name of Examination/Test : TOEFL IELTS MUET

Year Taken: _____ Competency Level/Band Score: _____

Note: It is COMPULSORY for foreign students whose native language is not English and/or medium of instruction is not in English during previous academic programmes to obtain the required score prior to submit your application. Please email your inquiries to anbu@kpjuc.edu.my.

E. EMPLOYMENT STATUS

Name of organization (current) : _____

Position : _____

Department/Unit : _____

Date of join : _____

Previous working experience
(Work experience after first degree, if any)

Job Title	Organization	From (year)	To (year)	Length of Service (year)

F. REFEREES REPORT

Name two (2) referees. For applicants into the doctorate programme, both referees should be academicians who have taught you and re-capable of reporting your academic performance. For applicants into the master's programme, at least one referee should be an academician. Immediate family members do not qualify as referees.

Details	Referee 1	Referee 2
Name		
Position		
Address		
Phone No.		
Fax No.		
Email		

NOTE: Applicants into Master's and PhD's programmes can substitute the second academic referees to be one from the corporate/industry sector.

G. FINANCIAL SUPPORT (please tick (√) at the appropriate box)

- I am fully sponsored by my employer/home government (Please enclose official letter(s) of Financial Guaranteed from your sponsoring institution).
- I am in the process of applying for sponsorship
- Self funding

H. DECLARATION

I, the undersigned, declare that I have read and understand that all information and documentation provided in the application are, to the best of my knowledge, true and complete. I understand that any false statement or omission, even if unintended on my part, may result in a delay or a rejection of my application. Finally, if I am offered and accepted to enrol in the postgraduate programme, I agree to abide by the rules and regulations of the KPJ Healthcare University College.

(Signature)

(Name)

(Date)

FAX OR POST THIS FORM AND RELEVANT ATTACHMENTS TO;

Head

Department of Admission and Financial Aid
KPJ Healthcare University College
Lot PT 17010, Persiaran Seriemas, Kota Seriemas
71800 Nilai, NEGERI SEMBILAN.
FAX : 06 794 2662
TEL : 06 798 4467
E-mail your inquiries to musa@kpjuc.edu.my.

For office use;

CHECKED BY :
Dept. of Admission and Financial Aid

(Signature) :

NAME :
DATE :

APPROVED BY :
Dean of School

(Signature) :

NAME :
DATE :

REFEREE FORM (1)

Part A : To be filled by the candidate

1.	Candidate's Name	:	
2.	I.C Number / Passport No	:	
3.	Type of Programme	:	
4.	Name of Programme	:	
5.	School/Institute/Centre	:	

PART B : To be filled in by Referee

1.	Name of Referee	:	
2.	Official Position	:	
3.	Employer's Name and Address	:	
4.	Office Telephone No	:	
5.	Mobile No	:	
6.	E-mail address	:	
7.	What is your relationship with the candidate?	:	
8.	How long have you known the candidate?	:	

9. The candidate's academic status in comparison with other students in his/her group

	Top 5%		Top 50%
	Top 10%		Bottom 50%
	Top 25%		

10. Please rate the candidate's ability in relation to the following:

Attributes	Very Good	Good	Fair	Poor
1. General Knowledge				
2. Potential as a scholar				
3. Ability to fulfil a responsibility				
4. Maturity and Emotional Stability				
5. Ability to conduct research independently				

11. Please describe briefly the candidate's potential for graduate study.

Date

Signature & Official Stamp



REFEREE FORM (2)

Part A : To be filled by the candidate

1. Candidate's Name	:	
2. I.C Number / Passport No	:	
3. Type of Programme	:	
4. Name of Programme	:	
5. School/Institute/Centre	:	

PART B : To be filled in by Referee

1. Name of Referee	:	
2. Official Position	:	
3. Employer's Name and Address	:	
4. Office Telephone No	:	
5. Mobile No	:	
6. E-mail address	:	
7. What is your relationship with the candidate?	:	
8. How long have you known the candidate?	:	

9. The candidate's academic status in comparison with other students in his/her group

	Top 5%		Top 50%
	Top 10%		Bottom 50%
	Top 25%		

10. Please rate the candidate's ability in relation to the following:

Attributes	Very Good	Good	Fair	Poor
1. General Knowledge				
2. Potential as a scholar				
3. Ability to fulfil a responsibility				
4. Maturity and Emotional Stability				
5. Ability to conduct research independently				

11. Please describe briefly the candidate's potential for graduate study.

_____ Date

_____ Signature & Official Stamp

FINANCIAL GUARANTOR

1. Candidate's Name	:	
2. I.C Number / Passport No	:	

To be filled by Financial Guarantor (1)

1. Name of Financial Guarantor	:	
2. I.C Number / Passport No	:	
3. Address	:	
4. Birth Date	:	
5. Office Telephone No	:	
6. House Telephone No	:	
7. Mobile No	:	
8. Occupation	:	
9. Income Per Month	:	

****Please enclose a copy of the monthly income statement or EA Form or J Form.***

DECLARATION BY THE FINANCIAL GUARANTOR

I hereby declare that I will settle all outstanding payment due to KPJ Healthcare University College for the candidate for his/her study at KPJ Healthcare University College in the event that he/she is unable to do so.

Date

Signature