

## **APPLICATION FOR ADMISSION**

PERSONAL DETAILS APPLICANT'S NAME (according to									
FIKRI FAQIH AL									
NATIONALITY:	DATE OF BIRTH		AGE	SEX (M/F)	RELIGION				
INDONESIAN PASSPORT NO:	06 MARE		21	М	VALID UN				
E0909524		PLACE OF ISSUANCE JEMBER				/EMBER 2032	4	53	
MAILING ADDRESS: DSN TEGAL PAKIS, KALIBARU WETAN, KALIBARU BANYUWANGI		HOME/PERMANENT ADDRESS: DSN TEGAL PAKIS, KALIBARU BANYUWANGI		BARU WET	TAN, KALIBARU				
xPOSTCODE:				POSTCODE: STATE:				<b>Y</b>	
68467	EAST JA\	EAST JAVA 68467 EAST JAVA			Allega				
HOUSE TEL NO.:		H/P NO.: 081333895264				E-MAIL ADDRESS: fikrifaqiha@gmail.com			
QUALIFICATION DE	TAILS								
LEVEL		NAME OF	SCHOOL/IN	NSTITUTION		YEAR OF PASSING	3	GRADE / CGPA OBTAINED	
O' Level (or equivalent)									
A' level (or equivalent):	N	MA UNGGULAN AMANATUL UMMAH			1	2022			
DIPLOMA (or equivalent):									
Others (or equivalent):									
PROGRAM OF CHOI	CE								
1st CHOICE: BACHELOR		ER SCIENCE (	HONS)		INTAKE:	☐ Mar ☐ May <b></b> No	ov Ye	ear: <u>2025</u>	
2nd CHOICE: INTAKE: Mar May Nov Year:						ear:			
3rd CHOICE: INTAKE: ☐ Mar ☐ May ☐ Nov Year:					ear:				
WORKING EXPERIEN	ICE								
	EMPLOYER	'S NAME & ADDRESS				POSITION		YEAR IN SERVICE	
ACCOMMODATION									
DO YOU NEED ACCOMMODATI	ON ON CAMPUS?	<b>12</b>	′es 🔲	No					
SPONSORSHIP	DDINGLY								
PLEASE INDICATE (TICK) ACCO		<b>☑</b> par	ents 🔲	guardians (Name:		Tel No	o.:	)	
☐ I intend to apply f	or other sponsorshi	p (pls name the spo	nsoring body	/:				)	
MEDICAL RECORD									
PLEASE INDICATE IF YOU ARE	CURRENTLY RECEIV	/ING ANY MEDICAL T	REATMENT F	OR ANY HEALTH RELAT	ED CONDITIO	N:			

ROUND	
FATHER	MOTHER
MASHUDI ARIF	NUNING SULASTRI
DSN TEGAL PAKIS, KALIBARU WETAN, KALIBARU BANYUWANGI	DSN TEGAL PAKIS, KALIBARU WETAN, KALIBARU BANYUWANGI
082231414777	087857464647
60	55
INDONESIAN	INDONESIAN
JAVANESE	JAVANESE
ISLAM	ISLAM
WIRASWASTA	WIRASWASTA
NON	NON
KALIBARU, BANYUWANGI	KALIBARU, BANYUWANGI
•	-
NON	NON
	MASHUDI ARIF  DSN TEGAL PAKIS, KALIBARU WETAN, KALIBARU BANYUWANGI  082231414777 60 INDONESIAN JAVANESE ISLAM WIRASWASTA NON KALIBARU, BANYUWANGI

NAME OF SIBLINGS (and others supported by parents)	SEX (M/F)	AGE (yrs)	CURRENT SCHOOL / INSTITUTION	LEVEL	SPONSORSHIP
Fuad Hizbillah Fathoni	М	28	UIN Sunan Kalijaga Yogyakarta		Parents
Farid Yusril Firdaus	M	26	UIN Maulana Malik Ibrahim Malang		Parents

CONTACT PERSON DURING EMERGENCY SITUATION					
NAME:	RELATIONSHIP WITH APPLICANT:				
ADDRESS (in Malaysia):	HOUSE TEL NO.:				
	HANDPHONE NO:				

## **DECLARATION BY STUDENTS:**

I hereby declare that all the information given in connection with this application is true and correct. I understand that MSU reserves the right to change or reverse any decision made regarding admission or enrollment which has been made based on false or incomplete information. I also agree to to adhere to all MSU rules and regulations.



14 Mei 2025

DATE

	DOCUMENTS TO BE ATTACHED WITH APPLICATION FORM
THE FOLLOWING DO REJECTED.	OCUMENTS MUST BE ATTACHED WITH THE APPLICATION FORM. INCOMPLETE DOCUMENTS MAY CAUSE THE APPLICATION TO BE
	certified copy of 'O' Level / equivalent results (for diploma students).
V	certified copy of 'A' Level / equivalent results (for degree students).
	certified copy of diploma/other qualifications' results (transcript and cert)
	certified copy of TOEFL/IELTS transcript (if applicable)
V	certified copy of student's passport (including blank pages)
	certified copy of parents' passports
V	6 pcs of pasport-sized photo
	No Objection Certificate (NOC) form (applicable only to students from Sub-Sahara Africa countries)
	completed Medical Report form

FOR OFFICE USE ONLY							
This app	olication is :	The ap	The applicant is eligible for :				
successful			entry into Year 1				
	conditionally accepted*		entry into Year 2 (Advanced Standing)				
	unsuccessful		subject(s) exemption				
Checked	d by:	Endorse	ed by:				
Date:		Date:					
Date.		Date.					
Remarks	s*:						

## **GUIDELINES**

This application must be fully completed in BLACK or BLUE pen/ball-point pen using BLOCK LETTERS

- 1 Students' full name as printed in passport
- 2 All personal data indicated in this form complies with the ACT of 555: Private Higher Educational Institutional Act 1996; to ensure students'compliance with the Malaysian Immigration requirement.
- Defaced by erasures or any kind of correcting fluids may results in the application not being accepted at the discretion of MSU. Every amendment made must be clear and legible and should be countersigned in full by applicant.
- Each completed application form must be accompanied by certified and clear copies of relevant documents (eg) certified transcripts.
- 5 MSU reserves the right to require any applicant to appear in person before MSU management to ascertain the genuinity of the information provided in the application form.
- 6 MSU shall not be liable to return the submitted application form or any documents(s) and/or transcripts attached.

  Applicant should not sent original copies of the documents.
- Fach completed application form must be accompanied by a remittance of RM500.00. Application Fee (NON REFUNDABLE) either by Money Order or Postal Order or Banker's Draft or Cashier's Order or Personal Cheque or major Credit Cards must be made payable to MSU Holdings Sdn Bhd and 'A/C Payee Only'.
- 8 All applications for subject(s) exemptions must be attached with certified copies of syllabus from previous semester course.
- 9 MSU reserves the right to reject/withdraw any application which does not adhere to the above instructions or which are illegible or which are accompanied by remittance(s) improperly drawn.
- MSU shall not be responsible for any loss or non receipt of the said payment nor shall MSU be accountable for any expenses incurred.
- MSU reserves the right to reject/withdraw any offer made or vary/cancel any of the course should the circumstances so required.

Please direct all enquiries in respect to the Application Form to the Admission & Record Department, Registrar Office.

Completed form must be returned to:

The Registrar,
Management and Science University (MSU),
University Drive
Off Persiaran Olahraga, Seksyen 13
40100 Shah Alam,
Selangor Darul Ehsan.

Tel: 03 55216868 Fax: 03 5511 2848

www.msu.edu.my