

## **APPLICATION FORM**

S <u>tudent Number:</u>	For office use only
Programme code:	

PHOTO

Affix your recent passport size photograph duly signed by the candidate.

Please complete and return this form to:
Asia pacific University of Technology & Innovation (APU)
Technology Park Malaysia, Bukit Jalil, 57000 Kuala Lumpur, Malaysia
Tel: 603-8996 1000 Fax: 603-8996 1001 Email: info@apu.edu.my

Name of Partner Institution: Techspire College

Kathmandu Nepal

l: 603-8996 1000 Fax: 603-	8996 1001 Email: info@apu.edu.my	Place: Kathmandu	Country: Nepal			
PART A : PERSONAL DE	TAILS					
Title: Mr Ms	Mrs Other		Gender: Male Female			
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ART B : COURSE APPLII	EU FUK	DI LI HIMBORI				
Course name:		Specialism (if	applicable):			
evel of study:	Session:	Intake date (mi	m / yy)			
	Diploma	Made of the	W. C. Doot since.			
Degree Level 1	Degree Level 2	Mode of study	y: Part - time Full - time			

					14.10				
PART C : ACADEMIC BACKGROUND (from highest to lowest)									
Please list in chronological order all secondary and tertiary studies completed. Please attach copies of your certificates and the transcripts of all results obtained for your highest level of study, plus a certified translation if the originals are not in English.									
Quali	fication:	Name of School / Colleg	ge / University:	Year completed:	Result: Actual	Forecast			
		AND FEE REFUND POLICY							
	bide by all academic, admin lemic year are as set out in	istrative and examination rules	and regulations and p	policies of APU.					
3. Fees once paid a	re not refunded in any circu	ımstances.							
4. APU reserves th	e right to use your persona of usage of this informati	I information in order to carry on may include the publishing	out its responsibilities of good examination	s in your personal and results, the award of	d / or academic inter of a prize or scholar	est as a student of ship or otherwise.			
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PART E : IMPORT	ANT CHECKLIST								
	sections of this application f	orm (where applicable).				*			
	ed copy of SLC / 'O' Level N								
Candidate has scored above 60% in Mathematics at SLC Level (only applicable for B.Sc.(IT) students).									
Attached copy of admit card(s) of qualifying examinations (only applicable for appearing students).  Attached attested copy of transcript of +2 / 'A' Level.									
Attached attested copy of transcript of +2 / 'A' Level.  Attached attested copy of provisional pass certificate of +2 / 'A' Level.									
Attached attested copy of Transcript of Bachelor's Level. (only applicable for student's applying for Master's Level)									
	ed copy of provisional pass e for student's applying for	certificate of Bachelor's Level.							
	ed copy of citizenship / pas								
PART F : DECLAR	ATION								
		this form are complete and corr	ect. I understand that s	should any informatio	n in this form be four	nd to be inaccurate			
	y registration may be termin		s and policies						
<ol> <li>I agree to abide by APU's Professional Code of Conduct, rules, regulations and policies.</li> <li>I hereby agree to give consent to APU to release my academic reports / results and attendance reports to my parents / guardians / sponsors as part of the</li> </ol>									
APU's policies.									
<ul> <li>I have also read and understood that fees once paid are not refunded in any circumstances.</li> <li>I undertake to ensure that all fees are paid by the specified due dates, and failing which I agree to pay any late payment and / or administrative charges</li> </ul>									
incurred after the due dates. If the fees are not received within 21 days from the due date. I understand that I may not be allowed to use the facilities at APU.									
6. I hereby give permission to APU for the use of photographs, images and videos in publicity and promotional materials and to release relevant information to our University Partners, Career Center, Alumni and any Government bodies or agencies as required.									
7. By providing my personal data I consent to receiving information on courses, programmes and events that may benefit me.									
Signature:		Name:		Date	e:				
FOR OFFICE USE	ONLY : FEE PAYMENT D	ETAILS	1 1 Y 1						
University Fee:		Mode of Payment	t: DD		thers:				
Others:		Payment Detail:	DD / Transaction No.:		Date:				
Total Fee Paid			Name of Bank:						
Registered by:	Dai	ta input in GIMS by:	Registration	on checked & approv	ed by:				
Date:	Dat	te:	Date:						

## PRIVACY STATEMENT

The purpose of requesting the personal data in this form is to assist us in processing your course or programme application and for statistical and information purposes. If you choose not to complete all the required sections or do not provide all the required information, it may not be possible to process your application. Access to the personal data you provided will be strictly on a need to know basis. By providing the personal data on this form, you give your consent to allow personal data and information to be processed securely and confidentially.