



## APPLICATION FOR ADMISSION

### PERSONAL DETAILS

APPLICANT'S NAME (according to C/I/C/P/Passport)		Ahmad Pita Junji	
NATIONALITY	DATE OF BIRTH	AGE	SEX (M/F)
Indonesia	07 - 11 - 1995	25	Male
PASSPORT NO.	PLACE OF ISSUANCE	RELIGION	
684006	Palembang, Indonesia	Islam	
MAILING ADDRESS		VALID UNTIL	
Desa. Gurung Mowarra lama Kec. Pendopo, Kab. Uluwatuang, Palembang, Sumater Selatan		August 2023	
POSTCODE	STATE	HOME/PERMANENT ADDRESS	
310915	South Sumatra	Desa Gurung Mowarra lama Kec. Pendopo, Kab. Uluwatuang Palembang, Sumater Selatan	
HOUSE/TEL NO.	HIP NO.	STATE	
011 - 33 - XXX	01133070XXXX	SOUTH SUMATRA	
E-MAIL ADDRESS		Please affix a passport-sized photo here	
		Pita.Ahmad@msu.edu.my	

### QUALIFICATION DETAILS

LEVEL	NAME OF SCHOOL / INSTITUTION	YEAR OF PASSING	GRADE / COPA OBTAINED
Or Level (or equivalent)			
A1 level (or equivalent):	SMA N 02 Pendopo	2013	88
DIPLOMA (or equivalent),			
Others (or equivalent):			

### PROGRAM OF CHOICE

1st CHOICE	Bachelor in Accounting (Finance)	INTAKE:	<input type="checkbox"/> Mar <input type="checkbox"/> May <input checked="" type="checkbox"/> Nov Year: 2021
2nd CHOICE		INTAKE:	<input type="checkbox"/> Mar <input type="checkbox"/> May <input type="checkbox"/> Nov Year: _____
3rd CHOICE		INTAKE:	<input type="checkbox"/> Mar <input type="checkbox"/> May <input type="checkbox"/> Nov Year: _____

### WORKING EXPERIENCE

EMPLOYER'S NAME & ADDRESS	POSITION	YEAR IN SERVICE
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—	—	—
—	—	—

### ACCOMMODATION

DO YOU NEED ACCOMMODATION ON CAMPUS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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### SPONSORSHIP

PLEASE INDICATE (TICK) ACCORDINGLY

- I shall be privately sponsored by:  parents  guardians (Name: \_\_\_\_\_ Tel No.: \_\_\_\_\_)
- I intend to apply for other sponsorship (pls name the sponsoring body: \_\_\_\_\_)

### MEDICAL RECORD

PLEASE INDICATE IF YOU ARE CURRENTLY RECEIVING ANY MEDICAL TREATMENT FOR ANY HEALTH-RELATED CONDITION

No .

**FAMILY BACKGROUND**

DETAILS	FATHER	MOTHER
FULL NAME	Ahmad Juna	A Sia
PASSPORT NO	68409600	68409600 (Khalau Ada)
MAILING ADDRESS	Palawang , South Sumatra	Palawang , South Sumatra
HOME TEL NO.	013 XXX Khalau Ada)	XXX (Khalau Ada)
PHONE NO.	0133070561	0133006666
AGE (yrs)	60	60
NATIONALITY	Indonesia	Indonesia
RACE	Maori	Maori
RELIGION	Islam	Islam
OCCUPATION	farmer	farmer
POST / POSITION	- (Kita ada)	- (Kita ada)
NAME / ADDRESS OF EMPLOYER	Palawang , South Sumatra	Palawang , South Sumatra
MONTHLY INCOME (RM)	Rp . 5,000 , 000	Rp . 5,000 , 000
DATE RETIRED (if applicable)	- (Kita ada)	- (Kita ada)

**NAME OF SIBLINGS  
(and others supported by parents)**
**SEX  
(M/F)**
**AGE  
(yrs)**
**CURRENT SCHOOL / INSTITUTION**
**LEVEL**
**SPONSORSHIP**

Janati	f	17	SD . NO 1 Pendopo	7-7	parent
Iupian	f	14	SMA N 01 Pendopo	8-8	parent

**CONTACT PERSON DURING EMERGENCY SITUATION**

NAME

Uman Dahl (coverg ma'ala ada) .

RELATIONSHIP WITH APPLICANT

Parent

ADDRESS (in Malaysia)

Palembang , 800th Sumatra )  
0133070561

**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 enrolment which has been made based on false or incomplete information. I also agree to to adhere to all MSU rules and regulations.

APPLICANT'S SIGNATURE

24 March 2024  
DATE**DOCUMENTS TO BE ATTACHED WITH APPLICATION FORM**

THE FOLLOWING DOCUMENTS MUST BE ATTACHED WITH THE APPLICATION FORM. INCOMPLETE DOCUMENTS MAY CAUSE THE APPLICATION TO BE REJECTED.

- certified copy of 'O' Level / equivalent results (for diploma students).  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)
- certified copy of student's passport (including blank pages)
- certified copy of parents' passports
- 6 pcs of passport-sized photo (Format 7P6)
- No Objection Certificate (NOC) form (applicable only to students from Sub-Saharan Africa countries)
- completed Medical Report form

**FOR OFFICE USE ONLY**

This application is :

- successful
- conditionally accepted\*
- unsuccessful

The applicant is eligible for :

- entry into Year 1
- entry into Year 2 (Advanced Standing)
- subject(s) exemption

Checked by:

Endorsed by:

Date:

Date:

Remarks\*:

## **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 student's compliance with the Malaysian Immigration requirement.
- 3 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.
- 4 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 document(s) and/or transcripts attached. Applicant should not sent original copies of the documents.
- 7 Each 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.
- 10 MSU shall not be responsible for any loss or non receipt of the said payment nor shall MSU be accountable for any expenses incurred.
- 11 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](http://www.msu.edu.my)