



Universiti Tunku Abdul Rahman
Application form for Short Course / Study Tour

Please affix your photograph here

1. PERSONAL PARTICULARS

Name as in Passport (Please underline surname or family name)
Home Address (in BLOCK letters)
Telephone Fax
Address for correspondence (if different from above)
E-mail Address :
Date of Birth Sex Country of Birth :
Race & Religion :
Marital Status :
Spouse accompanying to Malaysia YES / NO

Passport No : Date of issue :
Place of issue : Date of expiry :

Name of Father/Guardian/Next-of-kin Occupation
Correspondence address : Email address :
Tel :

**Universiti Tunku Abdul Rahman**

Form Title : Application Form for Short Course / Study Tour

Form Number : SC-CEE-001

Rev No : 01

Effective Date : 25/5/2012

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**2. RECORD OF TERTIARY EDUCATION**

(Please attach certified copy of transcript)

Name of College/University Attended	Duration	Qualification Obtained

Current Degree &amp; major : \_\_\_\_\_ Year of Study : \_\_\_\_\_

Faculty : \_\_\_\_\_ University : \_\_\_\_\_

Academic advisor/supervisor : \_\_\_\_\_ E-mail : \_\_\_\_\_

**3. DURATION OF STUDY AT UNIVERSITI TUNKU ABDUL RAHMAN**

Duration of Course : \_\_\_\_\_

Expected date of Arrival : \_\_\_\_\_ Departure from UTAR : \_\_\_\_\_

**4. PREVIOUS STUDY AT UNIVERSITI TUNKU ABDUL RAHMAN**

Have you previously been an overseas exchange/non-graduating student at Universiti Tunku Abdul Rahman? YES / NO

If yes, state year of attendance and units / course taken

**5. HEALTH DECLARATION**

Please give details of any special needs, allergies, dietary requirements or health condition that require special attention. Please state nature of condition/requirement.

**6. DECLARATION BY APPLICANT**

I declare that to the best of my knowledge, the information given is correct and complete. I recognise that it is my responsibility to provide all necessary documentary evidence of my qualifications, studies and experience and hereby authorise UTAR to obtain further information where necessary. I agree to present the original copies of my academic results and transcripts for verification by UTAR, if required. UTAR reserves the right to withdraw any offer to me or cease my enrolment at any stage during my course where false or misleading information has been provided.

I declare that I have not been convicted by any court of law and will abide by all regulations and laws of the university and the country.

I declare that I am mentally and physically fit to undertake this programme.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Note:

The completed application form must be sent with one coloured passport size photograph.

Students may send scanned copy of the application form to:

Mr Faizul e-mail: [faizula@utar.edu.my](mailto:faizula@utar.edu.my) or Mr Tham Mun Chong e-mail: [thammc@utar.edu.my](mailto:thammc@utar.edu.my)

Followed by hard copy to:

Centre for Extension Education  
Universiti Tunku Abdul Rahman  
Block B, Ground Floor  
Jalan Universiti, Bandar Barat  
31900 Kampar  
Perak Darul Ridzuan

**For Office Use Only**

<b>Collection of Completed Form by Centre for Extension Education (CEE)</b>			
Programme		Campus	
Collected By		Date	
<b>Approval by Director</b>			
<input type="checkbox"/> Approved		<input type="checkbox"/> Not Approved	
Signature		Date	