

MALAYSIAN STUDENTS APPLICATION FORM

Student number (For office use)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PHOTO
1 copy

Name of Applicant		
Intake	Month	Year
Preferred Location	<input type="checkbox"/> Damansara Campus	<input type="checkbox"/> Subang 2 Campus <input type="checkbox"/> HELP Academy

Please tick (✓) course(s) applying for:

HELP ACADEMY (HA)

DEPARTMENT OF A-LEVELS

- Pearson Edexcel International Advanced Levels (IAL)
- Cambridge International AS and A Level

DEPARTMENT OF MANAGEMENT STUDIES

- Certificate in Business Management
- Diploma in Business Management
- Diploma in Accounting
- Diploma in Marketing

UNIVERSITY OF DERBY 3+0 PROGRAMMES

- Bachelor of Arts (Hons) Accounting & Finance
- Bachelor of Arts (Hons) Business Management
- Bachelor of Arts (Hons) Business Management (International Business)

HELP UNIVERSITY (HU)

HELP MATRICULATION CENTRE

- Foundation in Arts
- Foundation in Science

DEPARTMENT OF COMMUNICATION

- Diploma in Communication
- Bachelor of Communication (Media Studies) (Hons)
- Bachelor of Communication (Marketing Communication) (Hons)
- Bachelor of Communication (Public Relations) (Hons)

DEPARTMENT OF BUSINESS STUDIES

- Diploma in Business
- Bachelor of Business (Accounting) (Hons)
- Bachelor of Business (Finance) (Hons)
- Bachelor of Business (Marketing) (Hons)
- Bachelor of Business Psychology (Hons)
- Bachelor of Business (Entrepreneurship) (Hons)
- Bachelor of Business (International Business) (Hons)
- Bachelor of Business (Human Resource Management) (Hons)
- Bachelor of Business Analytics (Hons)
- Bachelor of Management (Hons)
- Bachelor of Economics (Hons)

SCHOOL OF HOSPITALITY & TOURISM

- Bachelor of Business (Hospitality Management) (Hons)
- Bachelor of Tourism Management (Hons)

DEPARTMENT OF LAW

- Bachelor of Laws (Hons)
- UK Degree Transfer Programme (Law)

SCHOOL OF INFORMATION AND COMMUNICATION TECHNOLOGY

- Diploma in Information Technology
- Bachelor of Information Technology (Hons)
- Bachelor of Information Technology (Hons) Data Analytics
- Bachelor of Computer Science

DEPARTMENT OF PSYCHOLOGY

- Bachelor of Psychology (Hons)

DEPARTMENT OF EDUCATION

- Diploma in Education
- Diploma in Early Childhood Education
- Bachelor of Early Childhood Education (Hons)

DEPARTMENT OF ENGLISH

- Bachelor of Education TESL (Hons)
- Intensive English Programme

Others:

Have you made any previous applications to the HELP Group? NO YES, please specify:

How did you know about HELP and its programmes? Please specify:

Were you previously a registered student at any other educational institution in Malaysia? NO YES
If yes, specify name of institution and year(s)

Note:

1. All sections must be completed including the necessary signature(s) in the relevant sections.
2. Attach a set of certified copies of all academic qualifications, a passport-size photograph and a copy of your IC.
3. Copies of documents and photographs submitted will be filed for our record purposes and will not be returned, even if the applicant decides not to continue with his/her application after submission. All information and documents given will be kept in confidence and in accordance with the Personal Data Protection Act 2010.
4. Enclose the non-refundable application fee made payable to either HELP University Sdn Bhd, or HELP Academy Sdn Bhd as the case may be.
5. Failure to comply with these procedures may result in a delay in processing this application.

A | DETAILS OF APPLICANT Please use BLOCK LETTERS and underline surname

Full Name (as in Passport)		
Race (Required by Ministry of Education) <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others, please specify	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Identity Card No.	Tel. No. (Handphone)	
Correspondence Address		
Postcode / Zip code	Tel. No. (House)	
Permanent Address (if different from correspondence address above)		
Postcode / Zip code	Tel. No. (House)	
Email		
Do you have any medical condition(s) or disability/disabilities that require(s) special assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, pls specify		

B | DETAILS OF PARENTS, GUARDIAN OR NEXT OF KIN Please fill in the following information for emergency contact

1) Name of Father		
Correspondence Address		
Tel. No. (Handphone)	Tel. No. (Office)	Tel. No. (House)
Postcode / Zip code	Email	
2) Name of Mother		
Correspondence Address		
Tel. No. (Handphone)	Tel. No. (Office)	Tel. No. (House)
Postcode / Zip code	Email	

3) Name of Guardian / Next of Kin (if not Father or Mother)		
Correspondence Address		
Tel. No. (Handphone)	Tel. No. (Office)	Tel. No. (House)
Postcode / Zip code	Email	

c | FINANCIAL RESOURCES

Please enter details of sponsor. Refunds (if any) will be made to the sponsor unless authorized otherwise by the said sponsor. If fees are sponsored by institution (eg MARA) or company, please provide a letter of sponsorship.

Name of Sponsor (If not Father of Mother)			
Correspondence Address			
Tel. No. (Handphone)	Tel. No. (Office)	Tel. No. (Fax)	Tel. No. (House)
Relationship		Email	

ADDITIONAL INFORMATION (for B40/M40/T20 purpose)

Monthly Household Income Less than MYR4,850 (B40) Between MYR4,850 and MYR10,959 (M40) Above MYR10,960 (T20)

D | ACADEMIC QUALIFICATIONS

Please state ALL the relevant academic qualification(s) that you hold (eg SPM, STPM, UEC, or equivalent)

A certified true copy or original transcripts of all official results (including the grading system) must be attached to this application.

Please provide certified English translated copies if the qualifications are in languages other than English)

Name of Course	Name of Institution	Year of Completion

English Language Achievements TOEFL, level IELTS, band Others, pls specify

E | NON-ACADEMIC QUALIFICATIONS/ACHIEVEMENTS

Please provide any information in the field of Arts, Sports etc, including work experience that is relevant for special consideration.

Games/Societies	Position Held	Level School, State, National, International	Year of Completion

F | ACCOMMODATION

<input type="checkbox"/> Required <input type="checkbox"/> Not Required	If you require accommodation, please complete the Student Accommodation Application Form and submit it together with this Application
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HELP University Subang 2 Campus

Persiaran Cakerawala, Subang Bestari, Seksyen U4, 40150
Shah Alam, Selangor. Tel: 03-7849 3000

HELP Academy Sdn Bhd 200501018088 (700201-H)

Wisma HELP, Jalan Dungun, Damansara Heights, 50490
Kuala Lumpur. Tel: 603-2711 2000

G | DECLARATION

1. I certify that the information given herein is true and correct, and I acknowledge that any false and/or incorrect information or documentary evidence may result in the cancellation of my enrolment in the program of study.
2. I understand that the offer letter issued to me will become void if I fail to submit all the relevant documents and pay the required course fees by the due date.
3. I agree to inform the Registrar in writing of any change in the information given herein, and I understand that HELP will not be held liable as a result of my failure to do so.
4. I understand and agree that HELP shall forfeit the security deposit paid by me if I remain inactive for one year without notifying the Registrar in writing.
5. I understand and agree that HELP shall cancel my student visa and notify the relevant government agencies/bodies if I remain inactive for one year without notifying the Registrar in writing.
6. I understand and agree that any fees, deposits and/or monies due to me that remain unclaimed for a period of one year or more from the date of my becoming inactive in my program of study, will be transferred to any nominated education or charitable fund without further reference to me.
7. I understand and agree to use the technology resources and facilities at HELP for educational, academic research and study purposes only, and HELP shall not be held liable for any violation of rules and regulations relating to those resources perpetuated by me.
8. I hereby agree and authorise HELP to release my personal information given herein to any authorised agencies and/or bodies of HELP or its business partners for the purpose of enrolment, educational evaluation, transfer of courses and any other administrative process; and to any relevant government bodies/agencies for enforcement of the law.
9. I authorise and grant HELP the right to use my personal information such as name, credentials, academic record, image, and spoken and written records of my activities at HELP, in posters, leaflets, brochures, advertisements, websites, films, electronic recordings and the like for the marketing and promotion of HELP's corporate image and programs of study, and/or any purposes incidental to it.
10. I understand and agree that HELP shall release my examination results and my academic record to my parents and/or sponsor(s) as and when it is deemed necessary.
11. I understand and agree to comply with all policies, rules and regulations of HELP, including the rules and regulations of the respective departments, during my programme of study at HELP.
12. I hereby declare that I have read and understood all the terms herein and agree to abide by them, if I am issued an offer letter to pursue the course I have applied for and I accept the same.

Applicant's Signature	Applicant's Name	Date
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H | DECLARATION BY PARENT / GUARDIAN / SPONSOR IF THE APPLICANT IS BELOW 18 YEARS OF AGE

I, _____ hereby undertake to guarantee the good conduct of the applicant (student's name _____, reference no. _____) while he / she is studying at HELP University / HELP Academy. I also agree to pay all fees by the due date to the institution on his / her behalf in accordance with the regulations of HELP University / HELP Academy.

Signature of Parent / Guardian / Sponsor	Relationship	Date
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FOR OFFICE USE ONLY

Recruitment Agent, if applicable Please print name in BLOCK LETTERS	Education advisor Please print name in BLOCK LETTERS	Application received by
Date	Date	Date
Application approved by: HOD / Authorised Staff Name and Signature		<input type="checkbox"/> Firm Offer <input type="checkbox"/> Conditional Offer - Forecast Results <input type="checkbox"/> Conditional Offer - see comments <input type="checkbox"/> Reject
Date in:	Date out:	
Comments		
English requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments	