INTERNATIONAL STUDENTS APPLICATION FORM

Student number (For office use)				





РНОТО

university of achievers college of achievers			1 passport-size or soft copy of	
Name of Applicant			3.5cm x 4.5cm with white	
Intake	Month	background		
Preferred Location	rred Location Damansara Campus Subang Bestari Campus HELP Academy			
Please tick (✓) course	e(s) applying for:			
HELP ACADEMY (HA)			
	ANAGEMENT STUDIES ness Management ss Management	☐ Diploma in Accounting☐ Diploma in Marketing		
HELP UNIVERSITY (H	łU)			
HELP MATRICULATION Foundation in Arts Foundation in Science	3	DEPARTMENT OF LAW ☐ Bachelor of Laws (Hons) ☐ UK Degree Transfer Programme (Law)		
 □ Diploma in Communication □ Bachelor of Communication (Media Studies) (Hons) □ Bachelor of Communication (Marketing Communication) (Hons) □ Bachelor of Communication (Public Relations) (Hons) □ Diploma in Business □ Diploma in Business □ Bachelor of Business (Accounting) (Hons) □ Bachelor of Business (Finance) (Hons) □ Bachelor of Business (Marketing) (Hons) □ Bachelor of Business (Entrepreneurship) (Hons) □ Bachelor of Business (International Business) (Hons) 		SCHOOL OF INFORMATION AND COTECHNOLOGY Diploma in Information Technology Bachelor of Information Technology Analytics Bachelor of Computer Science DEPARTMENT OF PSYCHOLOGY HELP Bachelor of Psychology (Ho DEPARTMENT OF EDUCATION Diploma in Education Diploma in Early Childhood Education Bachelor of Early Childhood Education Bachelor of Early Childhood Education DEPARTMENT OF ENGLISH Intensive English Programme	y gy (Hons) gy (Hons) Data ns)	
		Others:		
SCHOOL OF HOSPITALITY & TOURISM Bachelor of Business (Hospitality Management) (Hons) Bachelor of Tourism Management (Hons)				
Have you made any p	revious applications to the HELP Group	p? NO YES, please specify:		

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)
If you are an expatriate domiciled in the present country, please specify your nationality

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, Health Declaration Form, photograph (3.5cm x 4.5cm with white background) and 1 photocopy of Passport (all pages, A4 size coloured).
- 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)					
Age	Date of Birth	Country of Birth		Nationallity	
Passp	ort No.	Valid until	Gender Male F	emale	Marital Status ☐ Single ☐ Married
Perma	nent Address (Home Co	ountry Address)			
Postco	ode / Zip code	City	State / Province	ce	Country
Tel. No	o. (Home)		Tel. No. (Mobi	le)	
Correspondence Address in Malaysia					
Postcode / Zip code Email					
Tel. No. (Home)		Tel. No. (Mobile)			
Do you have any medical condition(s) or disability/disabilities that require(s) special assistance? No Yes If yes, please specify					
Please name the location of the nearest Malaysian Embassy / High Commission / Consulate for your student entry visa application:					
Note: Malaysian RM150 is the standard (about USD37.50) will be charged for any subsequent change of embassy/high commission/consulate after this application has been submitted.					
Your o	Your own Country Neighbouring Country (if there is none in your country)				re is none in your country)
Name of Country			Name of Country		
City					

B DETAILS OF PARENTS, GUARDIAN OR NEXT OF KIN Please fill in the following information for emergency contact						
1) Name of Father / Guardian (as in passport)						
Correspondence Address (if	different from per	manent address	in Section A)			
Postcode / Zip code	City		State / Province	ee	Country	
Tel. No. (Home)			Tel. No. (Mobil	le)	Email	
2) Name of Mother / Guardia	n (as in passport)					
Tel. No. (Home)			Tel. No. (Mobil	le)		
C ACADEMIC QUALIFICATION	ONS					
Please state ALL the relevant aca	ademic qualification	on(s) that you hole	d (Enclose all relev	vant documents t	o support your qu	alifications)
Name of Course	•	Name of	Institution	Details of Q	ualifications	YEAR
Frantish Language Ashievements TOFFI level TIFITS hand Tothers places enseity						
English Language Achievements TOEFL, level IELTS, band Others, please specify						
D 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 programme 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		of any change in	the information of	ivon boroin and	Lundorstand that	· UELD will not

- 3. Tagree 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

E ACCOMMODATION				
Required Not Required	If you require accommodation, please complete the Student Accommodation Application Form and submit it together with this Application			
F DECLARATION BY PARENT / GUARDIAN / SPO	NSOR IF THE APPLICANT IS BELOW 18 YEAR	S 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		

FOR OFFICE USE ONLY				
Education advisor Please print name in BLOCK LETTERS		Application received by		
Date		Date		
Application approved by: HOD / Authorised Staff Name and Signature			Firm Offer Conditional Offer - Forecast Results Conditional Offer - see comments	
Date in:	Date out:		Rejection / Reject Letter	
Comments				
English requirement: Yes No	Comments			
TO BE COMPLETED BY RECRUITING AGENT:				
Name of Recruiting Agent		The offer letter and the Visa Approval Letter (VAL) should be emailed to		

HELP UNIVERSITY SDN BHD

Company Registration Number: 198201005211 (84963-D) MOHE Approval Number: DU209(W)

ELM Business School

No. 15, Jalan Sri Semantan 1, Off Jalan Semantan, Bukit Damansara, 50490 Kuala Lumpur

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Subang Bestari Campus

Persiaran Cakerawala, Subang Bestari, Seksyen U4, 40150 Shah Alam, Selangor

Tel: +6012-928 0864

HELP ACADEMY SDN BHD

Company Registration Number: 200501018088 (700201-H) MOHE Approval Number: DK341(W)

Wisma HELP

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