

STUDENT INFORMATION	
FULL NAME (AS PER IC)	
EMAIL ADDRESS	
MOBILE NUMBER	
RESIDENTIAL ADDRESS	
SCHOOL / INSTITUTION NAME	

ACADEMIC INFORMATION <i>(Please tick where applicable)</i>					
MID TERM RESULT	<input type="checkbox"/>	TRIAL / FORECAST RESULTS	<input type="checkbox"/>	ACTUAL RESULTS	<input type="checkbox"/>
SPM	<input type="checkbox"/>	STPM	<input type="checkbox"/>	O-LEVEL	<input type="checkbox"/>
			<input type="checkbox"/>	A-LEVELS	<input type="checkbox"/>
				UEC	<input type="checkbox"/>
<b>NOTE:</b> Please attach relevant document(s)					

PROGRAMME INTERESTED						
LEVEL OF STUDY	FOUNDATION	<input type="checkbox"/>	DIPLOMA	<input type="checkbox"/>	DEGREE	<input type="checkbox"/>
PROGRAMME						
INTAKE						
YEAR						

PARENT / GUARDIAN INFORMATION	
FATHER / MOTHER / GUARDIAN FULL NAME	
EMAIL ADDRESS	
MOBILE NUMBER	
OCCUPATION (OPTIONAL)	

FOR OFFICE USE ONLY
RECEIVED BY
DATE

**PRINCIPAL'S RECOMMENDATION**

**Note:** Supporting letter or testimonial may be attached.

**ACKNOWLEDGEMENT**

PRINCIPAL NAME:

STUDENT NAME:

DATE:

SIGNATURE