



UNIVERSITI MALAYSIA TERENGGANU

21030 KUALA NERUS, TERENGGANU, MALAYSIA

Phone. : 609-668 4532/4219

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CENTRE FOR ACADEMIC DEVELOPMENT AND MANAGEMENT

UNDERGRADUATE APPLICATION FORM

UNDERGRADUATE APPLICATION FORM

**Please refer to the Guidelines on the last page before completing this form*

Please affix
a recent
photograph

CHOICES OF PROGRAMME	1)
	2)
	3)

A. PERSONAL DETAILS

Full Name (According to International Passport):

International Passport Number:

Date of Expiry :

Date and Place of Issue :

Date of Birth :

Place of Birth :

Citizenship :

Country of Residence :

Religion :

Gender (please tick) : Male

Female

Marital Status (please tick) : Single

Married

Others

Postal Address :

Country :

Postcode :

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Permanent Address (If different from the above) :

Country : Postcode :

Telephone No. : Fax No. :

E-mail Address :

FAMILY DETAILS:

Name of Father/Mother/Guardian :

International Passport No. : Citizenship :

No. of Dependents : Monthly Income : USD

Occupation : Contact No. :

B. ACADEMIC ACHIEVEMENTS

Name of Institutions	Location/ State/ Country	Date of Entry	Date of Leaving	Type of Certificate/Diploma Obtained	Score/Grade / CGPA

(Please attach certified of your Certificates/Diploma/Degree and Transcripts)

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Name of Institutions	Date		Reason for Withdrawal
	Admission	Withdrawal	

(If you have previously been admitted to other universities/institutions in Malaysia for Diploma/Degree programme)

LANGUAGE PROFICIENCY:

LANGUAGE	WRITTEN			ORAL		
	Excellent	Good	Fair	Excellent	Good	Fair
Bahasa Melayu						
English						
Others						

ENGLISH PROFICIENCY TEST:

	TEST	SCORE POINT/BAND
1.	International English Language Testing System (IELTS)	
2.	Malaysian University English Test (MUET)	
3.	Test of English Language as a Foreign Language (TOEFL)	

C. FINANCIAL SUPPORT

Please tick form of financial support for the programme of study applied and enclosed relevant documents

Bank Statement	<input type="checkbox"/>	Offer Letter of Scholarship/Loan	<input type="checkbox"/>
Affidavit	<input type="checkbox"/>	Guarantee Letter	<input type="checkbox"/>

Others. Please specify: _____

	<p align="center">UNIVERSITI MALAYSIA TERENGGANU 21030 KUALA NERUS, TERENGGANU, MALAYSIA Phone. : 609-668 4532/4219 Fax : 609-668 4143 E-mail : akademik@umt.edu.my Website : http://www.umt.edu.my</p> <p align="center"><i>CENTRE FOR ACADEMIC DEVELOPMENT AND MANAGEMENT</i></p>
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D. REFEREES

NAME	ORGANIZATION	POSITION

E. DECLARATION

I certify that the information given is correct to the best of my knowledge. I am fully aware that Universiti Malaysia Terengganu reserves the right to reject this application, withdraw an offer of admission or direct me to leave the University if any information given is found to be incorrect.

.....
Signature of Applicant

.....
Date