|  |
| --- |
| **AIMST UNIVERSITY** *496741-P* AIMST-SOP-07-01\_FRM001Kedah Darul Aman, Malaysia No Perakuan Institusi: DU010(K)**For office use only** *Please affix passport**size photograph here*Date Received:**APPLICATION FORM FOR ADMISSION INTO FOUNDATION & UNDERGRADUATE PROGRAMMES**The following documents are required to support your application:**MALAYSIAN INTERNATIONAL**1 Passport size photograph (affixed above) 4-passport size photographsCertified true copy of Identification Card Certified true copy of passport*(all pages including empty ones)*Certified true copy of all academic examination Certified true copy of all academic examination certificates (e.g. SPM / STPM / A-LEVEL) certificatesProcessing fee : **RM 100** (*non-refundable)* Processing fee : **USD 150** (*non-refundable)*payable to **“AIMST SDN.BHD. REV ACCOUNT”** payable to **“AIMST SDN.BHD. REV ACCOUNT”***Note: Please provide an official translation in English where necessary.* |
| **A – PROGRAMMES PREFERRED** |
| Select from the list below:1st: \_\_ [Intake:](http://www.aimst.edu.my/aimst_web/courses/aimst_university_intakes.html) Full time / Part Time 2nd: [Intake:](http://www.aimst.edu.my/aimst_web/courses/aimst_university_intakes.html) Full time / Part Time3rd : [Intake:](http://www.aimst.edu.my/aimst_web/courses/aimst_university_intakes.html) Full time / Part Time |
| **B – PERSONAL DETAILS** |
| REV\_1 (2023) |



)

|  |
| --- |
|  |
|  |
|  |
|  |

|  |
| --- |
|  |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| * **Foundation in Science (1 Year)**
* **Foundation in Science (Leading to Engineering)(1 Year)**
* **Foundation in Business (1 Year)**
* **Diploma in Nursing (3 Years)**
* **Diploma in Physiotherapy (3 Years)**
* **Diploma in Business Management (2 ½ Years)**
* **Diploma in Finance (2 ½ Years)**
* **Diploma in Biotechnology (2 ½ Years)**
* **Bachelor of Physiotherapy (Hons) (4 Years)**
* **Dip. In Electrical & Electronic Engineering (2½ Years)**
* **B. Eng (Hons) in Electrical & Electronic Engineering**

**(4 Years)** | * **MBBS (5 Years)**
* **Bachelor of Dental Surgery (5 Years)**
* **Bachelor of Dental Technology (4 Years)**
* **Bachelor of Pharmacy (Hons) (4 Years)**
* **B. (Hons) Business & Marketing (3 Years)**
* **B. (Hons) Finance & Management (3 Years)**
* **BSc.(Hons) Accounting and Finance (3 Years)**
* **BSc. (Hons) Management Information Systems (3 Years)**
* **BSc. (Hons) Bioinformatics (3Years)**
* **BSc. Biomedical Sciences (4 Years)**
 | * **Bachelor of Electronic Engineering (4Years)**
* **Bachelor in Nursing Science (Honors) (4 Years)**
* **Bachelor of Computer Science (3 ½ Years)**
* **Post Basic in Critical Care Nursing**
* **Post Basic Basic Renal Nursing**
* **Certificate in Emergency Medical Technician**
* **Certificate In Healthcare Assistant (HCA)**
* **Certificate in Dental Clinic Assistant**
 |

|  |  |  |
| --- | --- | --- |
| Title: Mr Miss  Others …………….. | NRIC / Passport | No.: |
| Name: (as in NRIC / Passport) | Nationality: |
| Race: | Religion: |
| Correspondence Address: | Date of Birth: | Gender:  Male  Female |
| Marital Status:  Single  Married  Others………... |
| Home Tel No.: | Place of Birth: |
| Mobile Phone No.: |
| Email Address: | T-shirt Size: S/M/L/XL/XXL |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |
|  |  |
|  |
|  |
|  |
|  |

AIMST-SOP-07-01\_FRM001

# C – PARENT / GUARDIAN DETAILS

1. Parent / Guardian

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Name:*(as in NRIC / Passport)* | Identification Card No.: |
| Correspondence Address: | Home Tel No.: |
|  | Mobile Phone: |
| Postcode: | Email Address: |
| Employer: | Monthly Income: |
| Occupation: | Relationship ( if guardian ): |

1. Emergency Contact (Other than Parents / Guardian): Name: (*as in NRIC / Passport*)

Correspondence Address: Relationship:

Home Tel No.:

Mobile Tel No.:

Email Address:

# D – S U R V E Y Q U E S T I O N

How did you come to know about AIMST University? (You may tick (🗸) in more than one option)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| *Agent* |  | *Newspaper Advertisement* |
| *AIMST Website* |  | *Magazine Advertisement* |
| *Banner* |  | *Social Media* |
| *Billboard* |  | *Flyers Advertisement* |
| *Education Fair* |  | *Radio/Television* |
| *Family/Friends* |  | *School Counsellor* |
| *Other Websites* |  | *School Seminar* |
| *Telemarketing* |

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**E – ACADEMIC QUALIFICATIONS OF APPLICANT *(****please attach supporting documents****)***

Institution

Qualification

Year

1.

2.

3.

English Language Proficiency Extra-Curricular Activities:

|  |  |  |
| --- | --- | --- |
| Examination | Year | Grade |
| 1. IELTS |  |  |
| 2. TOEFL |  |  |
| 3. English 1119 |  |  |
| 4. MUET |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Activities | Year | Level | Remarks |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

REV\_1 (2023)

|  |
| --- |
| AIMST-SOP-07-01\_FRM001 |
| **F** | **– ACADEMIC RECORD** |
| Are you a former student of AIMST University?* Yes, please provide your Student ID number
* No, have you applied to AIMST University before this?  Yes  No
 |
| **G – SOURCES OF FUNDING** |
| Financial SupportSelf-financed | Sponsored (*please attach supporting documents*) | Others *(please specify)*…………. |
| **H – ACCOMMODATION** |
| It is MANDATORY for ALL students to stay in the AIMST University Student Residence at Semeling Campus for the stipulated duration of their course. |
| **I – DECLARATION** |
| Parent / Guardian |
| I,… hereby agree to pay all the required fees as stated in the |
| fee structure and in accordance with AIMST University’s policies. I also agree to the terms of AIMST University‘s fee |
| refund policy \*. |
| ………………………………………………. |
| Signature of Parent / Guardian Date: …………………… |
| Applicant |
| I declare that all the information stated in this application and all the documents that will be submitted upon |
| registration is true and correct. I understand that AIMST reserves the right to change any decision regarding |
| admission or enrolment made on the basis of incorrect or incomplete information. I agree to abide by all the academic |
| and administrative regulations of AIMST University. |
| ……………………………………………… |
| Signature of Applicant Date: …………………… |
| **\* A copy of AIMST University’s fee structure and refund policy will be attached together with the offer letter.** |
| *AIMST University will officially notify you of the outcome of your application. Please note that submission of the application does not constitute acceptance into the university.*By submitting your personal data to us, you consent to us collecting, using, disclosing and processing your personal data in accordance with our PDPA Notice. Please refer to our website [www.aimst.edu.my](http://www.aimst.edu.my/) for further details.I hereby agree that the University reserves the right to disclose my personal details including academic performance, disciplinary matters and medical issues to my parents/guardians.If you agree for your personal data to be collected and processed by us please tick ( √ ) in the box below.**Agree** **Disagree** Name:NRIC No. /Passport No.: Date:REV\_1 (2023) |

|  |  |  |
| --- | --- | --- |
|  |  |  |

STUDENT RECRUITMENT DIVISION

# FOR OFFICE USE ONLY

AIMST-SOP-07-01\_FRM001

|  |  |
| --- | --- |
| Documents Complete Documents IncompleteSpecify:……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | Counselled by,……………………………………… SignatureName: Date: |

FINANCE AND ACCOUNTS DIVISION

|  |  |
| --- | --- |
| Application Fees Enclosed: Bankers Cheque / Bank Draft No……………….Cash : RM………………………………………..Others : RM……………………………………….. | ……………………………………… SignatureName: Date: |

STUDENT ADMISSIONS AND RECORDS DIVISION

|  |  |
| --- | --- |
| Documents CompleteDocuments required (please specify)……………………………………..Checked by :……………………………….. Date:…………………………..Rechecked by :……………………………….. Date:…………………………..Verified by :……………………………….. Date:………………………….. | ……………………………………..SignatureName: Date: |

SELECTION COMMITTEE/ DEAN

|  |  |  |  |
| --- | --- | --- | --- |
| Admission Status | Affirm Offer | Conditional | Rejected |

Feedback to Applicant

……………………………………………………………………………

……………………………………………………………………………

……………………………………………………………………………

…………………………………………………………………................

……………………………………..

Signature

Name: Date:

|  |
| --- |
| Please return this form to:**STUDENT RECRUITMENT DIVISION****AIMST UNIVERSITY**Semeling, 08100 Bedong, Kedah Darul Aman, Malaysia. |
| **FOR MORE INFORMATION PLEASE CONTACT** |
| **TEL: 604-429 8000 / 8199****Whatsapp: 012-5398108****E-MAIL:** **choose@aimst.edu.my****WEBSITE:** [**www.aimst.edu.my**](http://www.aimst.edu.my/) **FACEBOOK: Aimst2U** |

REV\_1 (2023)