

Application Form for Admission Swinburne University of Technology Sarawak Campus

Representative/agent stamp

(if applicable)



Read this application form carefully, complete all sections and ensure that supporting (certified) documents are attached. Please write in BLOCK LETTERS using a blue or black pen.

PERSONAL DETAILS

If previously enrolled at Swinburne University of Technology, please state your Swinburne ID number: _____

PRINT YOUR NAME AS IT APPEARS IN YOUR NRIC/PASSPORT. Please use BLOCK LETTERS. All applicable fields must be completed.

Title (Mrs, Miss, Ms, Mr etc.): Gender: Female Male Date of birth*:

Family name*:
(as indicated in passport)

Given names*:
(leave spaces between names)

Email address*:
(for applicant)

APPLICANTS **MUST** PROVIDE THEIR PERSONAL EMAIL ADDRESS. ALL INFORMATION REGARDING THE PROGRESS OF THE APPLICATION WILL BE EMAILED DIRECTLY TO THE APPLICANT OR SWINBURNE SARAWAK REPRESENTATIVE.

Postal address:

Country

Postcode

Residential address:
(If different from above and should not be the same as your agent)

Country

Postcode

Telephone: _____ Fax: _____ Mobile: _____

Country of citizenship*: _____ Submission location: _____
(What country were you in when you submitted this application?)

Are you married? Yes No Ethnic: _____ Religion: _____

Identity Card (IC)* or Passport number*:
(for Malaysian students only) (for International students only)

Passport expiry date:

Country of birth: _____

Do you hold a valid Malaysian visa? Yes No

If yes, type of visa: _____

Visa expiry date:

*mandatory

PERSONAL DETAILS (CONTINUED)

Have you ever had a visa application rejected? Yes No

If yes, when, which country and for what reason? Please provide a copy of the rejection letter or details below:

Do you have a disability, impairment or long term medical condition?* Yes No

If yes, please tick all that apply

Hearing/deaf Intellectual Mobility Learning Visual Mental illness Medical condition

Others: _____

Providing information about a disability or medical condition will not disadvantage your application. However the University needs to assess if it can make reasonable adjustments to accommodate your disability or medical condition in order to advise you appropriately. In some cases the support required may be at a cost to you.

Do you have a medical or health-related issue that may prevent a student visa being issued? Yes No If Yes, please specify

Have you been granted a scholarship/loan of any kind? Yes No Scholarship name: _____

COURSE PREFERENCES

Please enter the correct course name

| Course Preferences | CAMPUS | INTAKE | YEAR |
|---------------------------|--------------|---------------|-----------|
| e.g. Bachelor of Commerce | e.g. Sarawak | e.g. February | e.g. 2016 |
| 1 | | | |
| 2 | | | |
| 3 | | | |

Have you ever been excluded from any previous institution? Yes No If yes, please provide details of the reasons and institution/country:

ENGLISH LANGUAGE PROFICIENCY

Please note that students who have not satisfied a minimum requirement in English proficiency will be required to take a Swinburne Sarawak English Placement Test. Students who do not meet the English entry requirement will be required to take up an English program recommended by the University at their own cost.

Is English your first language? Yes No

If no, what is your first language? _____

Have you taken an English proficiency test within the last 12 months? Yes No Date of test

If yes, please attach a certified copy of your results, or submit a certified copy as soon as possible.

Test type: _____ Result: _____
(e.g. IELTS) (if known)

*mandatory

EDUCATION DETAILS

A certified copy or original transcripts of all official results must accompany this application. Please include the grading system to enable interpretation of academic results. List any studies you have attempted, whether complete or incomplete. If you would like Swinburne to consider your employment history in support of your application, please attach your curriculum vitae (résumé). Include English translations if transcripts are not in English.

Secondary school studies

| MONTH/YEAR COMMENCED | MONTH/YEAR COMPLETION | TITLE OF COURSE | NAME AND COUNTRY OF SCHOOL |
|----------------------|-----------------------|-----------------|----------------------------|
| (e.g. January 2011) | (expected or actual) | (e.g. A Levels) | |
| | | | |
| | | | |

Tertiary or post-secondary studies

| MONTH/YEAR COMMENCED | MONTH/YEAR COMPLETION | TITLE OF COURSE | NAME AND COUNTRY OF INSTITUTION | FULL/PART-TIME |
|----------------------|-----------------------|-----------------------------|---------------------------------|----------------|
| (e.g. January 2011) | (expected or actual) | (e.g. Bachelor of Business) | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

Are you applying for Credit Transfer or Recognition of Prior Learning (RPL)? Yes No If yes, you must attach a detailed course or unit (subject) syllabus.

CHECKLIST

Please make sure the following certified copies are attached (if applicable):

- | | |
|--|--|
| <input type="checkbox"/> Certified academic transcripts with grading system | <input type="checkbox"/> Passport size photos 2 copies (blue background) (Sarawakian students only) |
| <input type="checkbox"/> English translations where applicable | <input type="checkbox"/> Passport size photos 8 copies (blue background) (International, West Malaysian and Sabahan students) |
| <input type="checkbox"/> Course outlines or unit (subject) syllabus outlines if applying for credit transfer | <input type="checkbox"/> One set (all pages) passport (International, West Malaysian and Sabahan students) |
| <input type="checkbox"/> English proficiency test results | <input type="checkbox"/> Original Swinburne Sarawak Medical Examination Form (International students only) |
| <input type="checkbox"/> Application fee of RM100 (non-refundable) (Malaysian students only) | |
| <input type="checkbox"/> Birth certificate and identity card (IC) (Malaysian students only) | |

GENERAL PRIVACY STATEMENT

The information collected on this form is to assess your application for entry onto a course at Swinburne University of Technology Sarawak Campus. It is also used to create an enrolment record for the University database, prepare statistical analysis and to inform you about your course and other courses and/or events. The information is processed in accordance with the Malaysian Personal Data Protection (PDP) Act 2010. It is only disclosed to third parties only with your consent or to meet statutory obligation.

For more information, please refer to the University's Privacy Policy at <http://www.swinburne.edu.my/privacy/>.

DECLARATION

Applicant's declaration

- I declare that the information submitted with this application is true and complete. I further declare that any tertiary academic results submitted are a complete record of all results I have obtained from every tertiary institution I have attended.
- I acknowledge that failure to disclose my academic record may result in the University revoking an offer or terminating my studies at any stage.
- I authorise the University to seek verification of my academic and professional qualifications, and work experience. I understand that the University reserves the right to inform other tertiary institutions and regulatory agencies if any of the material presented to support my application is found to be false.
- I understand that at the time of enrolment I will be required to supply originals of all documents used to support this application.
- I acknowledge that the University reserves the right to alter any course, subject, admission requirement, intake dates or fee without prior notice.
- I understand that the personal information I have provided may be released to government agencies as required by law. I further understand that it may be disclosed to third parties for the purpose of processing my application.
- I understand that by signing this form, I am subject to the University's Student Privacy Notice and give the University consent to process my personal data for the fulfilment of this contract.
- I confirm that I have obtained consent from the individuals mentioned in this form and notified them of Swinburne's Student Privacy Notice in the processing and disclosure of their personal data for the purpose of this contract.
- I understand that the acceptance of this application is at the absolute discretion of the University.

Signature of applicant*: _____

Date*:

*mandatory

SENDING YOUR APPLICATION

Please send your application to:

Swinburne University of Technology Sarawak Campus

Business Development & Communications

Jalan Simpang Tiga

93350 Kuching

Sarawak Malaysia

Tel : +60 82 415 353

Fax : +60 82 428 353

Regional Office

Jalan SS15/8

47500 Subang Jaya

Selangor

Malaysia

Tel : +60 3 5637 2202

Fax : +60 3 5631 2202

Email : study@swinburne.edu.my

swinburne.edu.my