Swinburne University of Technology Sarawak Campus

Application Form for Admission

SECTION A: PERSONAL DETAILS

If previously enrolled at Swinburne University of Technology, please state ID number __________

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

Title: ________ (Mrs, Miss, Ms, Mr etc)  Gender: □ Female  □ Male  Date of birth: ___/___/___

Family name: (as indicated in NRIC/passport) ____________________________

Given names: (leave spaces between names) ______________________________

Email address: ____________________________ (for applicant)

Postal address: 

State/town/city  Country Postcode

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

State/town/city  Country Postcode

Telephone: ___________  Fax: ___________  Mobile: ___________

Do you have any medical condition that requires the attention of the university? □ Yes  □ No

Note: this is for support purposes only and will not affect the outcome of your application.

If yes, please provide details: ________________________________________________________________

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

Country of citizenship: ________________  Country of birth: ________________

Identity Card (IC) or Passport number: ____________________________  Passport expiry date: ___/___/___

FOR INTERNATIONAL STUDENTS ONLY

Do you hold a valid Malaysian visa? □ Yes  □ No

If yes, type of visa: ____________________________  Visa expiry date: ___/___/___

SECTION B: COURSE PREFERENCES

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<thead>
<tr>
<th>Course preference</th>
<th>Intake</th>
<th>Year</th>
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<tbody>
<tr>
<td>Bachelor of Business</td>
<td>February</td>
<td>2020</td>
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SECTION C: 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 requirements will be required to take up an English program recommended by the University at their own cost.

Have you taken an English proficiency test within the last 12 months?  [ ] Yes  [ ] No  Date of test: __/__/__

Test type: __________________________ Result: __________________________

If yes, please submit a certified copy of your results as soon as available.

SECTION D: 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 (resume).

Secondary school studies

<table>
<thead>
<tr>
<th>Month/year commenced</th>
<th>Month/year completion (expected or actual)</th>
<th>Title of course (eg. A Levels)</th>
<th>Name and country of school</th>
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Tertiary or post-secondary studies

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<tr>
<th>Month/year commenced</th>
<th>Month/year completion (expected or actual)</th>
<th>Title of course (eg. Bachelor of Business)</th>
<th>Name and country of institution</th>
<th>Full-time or part-time</th>
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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.

SECTION E: CHECKLIST AND DECLARATION

Make sure the following are attached:

- Certified copies of:
  - Academic transcripts with grading system
  - Course or unit (subject) syllabus outlines if applying for credit transfer
  - English proficiency test results
  - Birth certificate and identity card (IC)

Applicant's declaration

1. 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.
2. I acknowledge that failure to disclose my academic record may result in the University revoking an offer or terminating my studies at any stage.
3. 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.
4. I understand that at the time of enrolment I will be required to supply originals of all documents used to support this application.
5. I acknowledge that the University reserves the right to alter any course, subject, admission requirement or fee without prior notice.
6. 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.
7. I understand that the acceptance of this application is at the absolute discretion of the University.

Signature of applicant: __________________________  Date: __/__/__

OFFICE USE ONLY

Application fee paid?  [ ] Yes  [ ] No  OR No. __________________________

Course offered: __________________________

Approved by: __________________________  Date: __/__/__

English Placement Test (EPT) required?  [ ] Yes  [ ] No

Condition: __________________________

SEND APPLICATION TO:

Swinburne University of Technology
Sarawak Campus
Business Development & Communications Department
Jalan Simpang Tiga
93350 Kuching
Sarawak Malaysia
Tel: +60 82 415 353
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Email: study@swinburne.edu.my
www.swinburne.edu.my