



INTERNATIONAL BUSINESS SCHOOL

UNIVERSITI TEKNOLOGI MALAYSIA



REGISTRATION FOR ADMISSION TO A NON – GRADUATING PROGRAMME

INTAKE / SESSION

A. COURSE SELECTION

NO	DATE	SUBJECT	CENTER	STATUS CM/NCM
1.				
2.				
3.				
4.				
5.				

B. PERSONAL DATA

Full Name :			
Address :			
Tel : H/P :		Fax : Email :	
Date Of Birth : (Day/Month/Year)		Place of Birth :	
Age :	Race :	Nationality :	Religion :
I/C No :	Sex :	Marital Status :	No of Dependents :
Name & Address for emergency contact :			

C. THE MOST HIGHEST OF ACADEMIC ACHIEVEMENT

NAME OF INSTITUTION	YEAR ATTENDED		NAME OF DEGREE/DIPLOMA AWARDED	CLASS OF HONOURS
	FROM	TO		

D. WORK EXPERIENCE (including present job)

POSITION	PERIOD OF EMPLOYMENT		NAME & ADDRESS OF EMPLOYER	RESPONSIBILITY
	FROM	TO		

F. FEE AND PAYMENT

METHOD OF PAYMENT	ACCT NO	AMOUNT
Cash		
Cheque		
Bank Draft		
Other : _____		

G. DECLARATION

I certify that the information that I have given in this registration form is correct

DATE :

STUDENT'S SIGNATURE :
