Photo

## POSTGRADUATE PROGRAMME APPLICATION FORM

Please complete all fields in <b>BLOCK LETTERS</b> and tick ( $$ ) at appropriate boxes.								
1. Programme Details								
Intake:	Year :							
Programme Name								
Mode of Study Full-time (weekdays only) *Part-time (weekdays	ys only) *Applicable for Malaysian Students only							
2. Apply SEV In								
Country	City							
3. Personal Details								
Name (as per NRIC / Passport)								
Chinese Name (if any)	Gender Male Female							
NRIC/Passport No.	Date of Birth D D M M Y Y Y Y							
Race	Religion							
Marital Status Single Married	Nationality							
4. Contact Details								
Correspondence Address								
Town State	Postcode Country							
Telephone (H) (country code) (area code)	Mobile (country code) (area code)							
Email Address								
Permanent Address (if different)								
Town State	Postcode Country							
Telephone (H)	Mobile — —							
(country code) (area code)	(country code) (area code)							
Name of Emergency Contact								
NRIC/Passport No.	Relationship							
Telephone (H)	Mobile							
(country code) (area code)	(country code) (area code)							
Email Address								

Period o	of Study To	Full-time / Part-time	Name of Insti	of Institution/ Country Qualification Obtained		CGPA / Class		Language of Instruction			
Example											
02/2016	01/2019	Full-time				Bachelor of Management in International Business		3.8/4.0 1 <sup>st</sup> Class		English	
Professional	Qualification (i	f any)									
Year	Professional Body			Examination / Exemption Stage / Leve			el Language of Instruction				
6. Language	Proficiency										
English Lang	uage Qualifica										
	Type of Test			Score/Band				Date Obtained			
									[M][M][Y][Y][Y][Y]		
								+	[M][M][Y][Y][Y][Y]		
									[M][M]	[Y][Y][Y]	
7. Working Ex	kperience (3 m	ost recent)									
From <i>MM/Y</i> YY	From To  MM/YYYY MM/YYYY		Name of Employer		Position		Nature of Work				
8. Others											
Do you have	any physical d	lisability or illness	? Yes	N	0						
If "Yes", please specify the nature of condition(s) and enclose a copy of the medical report.											

5. Academic Qualification

9. Checklist						
Please check that your application is complete and that you have enclosed the following documents:						
1. A copy of Passport (All pages include cover & empty pages)  (Please make sure that passport validation is at least 18 months from the expected intake date)						
2. Eight (8) passport-sized colour photographs with WHITE background (3.5 x 5cm)						
3. A certified true copy of academic transcript of previous studies together with its legend (explanation of marking system) (Please provide translation of transcript if it is not in English)						
4. A certified true copy of Graduation Certificate or Letter of Completion						
5. A certified true copy of membership of professional bodies (if applicable)						
6. A certified true copy of English Language Proficiency Test result (if any)						
7. Proof of employment (1 offer letter of employment or accumulated 3 years of employment) (if applicable)						
<ul> <li>8. A certified true copy of academic transcript of previous studies together with its legend (explanation of marking system)</li> <li>A. EMGS Medical Form</li> <li>B. Medical Screening Laboratory Result</li> <li>C. X-Ray Report</li> <li>D. Yellow Fever Card (for students from Sub-Saharan country)</li> </ul>						
E. Vaccination Record/card (if applicable)						
9. Proof of payment or T/T slip of RM2,800						
10. Others						
10. Declaration by Applicant						
I have read and fully understood all the terms and conditions governing admission for this application. I hereby declare that all the interaction provided in this application and its attachments or supporting documents are true, correct and complete in all respect and no interaction has been willfully or intentionally misrepresented, withheld or concealed. I acknowledge and agree that Xiamen University Malay (XMUM) reserves the right to vary or reserve any decision regarding admission and enrolment made on the basis of incorrect, incompl or fraudulent information. I have read and understood the Personal Data Protection Notice of XMUM accessible via www.xmu.edu.my are hereby agree and consent to the use, processing and transfer of my personal data by XMUM, in accordance with the terms of the solution.	ifor- ysia lete nd <b>I</b>					
Applicant's Signature  Date  D  M  M  Y  Y	Υ					
Account Name: XMU JIAGENG EDUCATION DEVELOPMENT SDN. BHD.						
Bank : Public Bank Berhad						
Account No : 319-724-8410  Branch : KL City Main Office						
Swiftcode : PBBEMYKL						
Please send the completed application form with all supporting documents and items stated as above to us via email, by hand or post to:						
Admissions Office						
Xiamen University Malaysia DULN009(B)						
Jalan Sunsuria, Bandar Sunsuria,						
43900 Sepang, Selangor Darul Ehsan.						
T : +603 7610 2079						
+603 8705 5186						
E : admissions@xmu.edu.my						
W : www.xmu.edu.my						

11. For Office Use								
Counsellor:			Agent:					
Date:								
Details of degree								
Degree in a related field		Yes No	Classification of Hon	ors		CGPA		
Years of working experience		years in a related field			years Not in a related field			
The applicant fulfills the minimum entry requirement		Yes No	Rema	ark	Required rigorous internal (technical) assessment			
Recommendation	Clear-cut case	Not clear-	cut case					
Remarks								
Programme offered								
Offer made by		Date		Applic	ation No.			
Unconditional offer		Reject		Condi	tional offer			
Scholarship	% tuition	fee waiver						



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