

APPLICATION FORM (MASTER LEVEL)

ACCREDITATION OF PRIOR EXPERIENTIAL LEARNING (APEL)

FULL NAME (AS IN IC)			
CORRESPONDENCE ADDRESS			
IC NUMBER			
DATE OF BIRTH			
GENDER	Male / Female		
CONTACT NUMBERS	HOME:	OFFICE:	MOBILE:
	FAX:		E- MAIL:
LEVEL AND FIELD OF STUDY APPLIED	MASTER	FIELD OF STUDY; BUSINESS/IT/EDUCATION /MANAGEMENT/ARTS/OTHERS (SPECIFY)	
HIGHEST LEVEL OF ACADEMIC QUALIFICATION	STPM/HSC/A-LEVEL/ DIPLOMA/EQUIVALENT (ENCLOSE A CERTIFIED COPY OF THE QUALIFICATION)		

I hereby declare that all the information/documents provided to support this application are authentic, true and accurate. I fully understand that KLMUC reserves the right to reject my application if proven otherwise.

Signature:

Name:

Date:

<p>This application is subject to the following conditions:</p> <ol style="list-style-type: none"> a. Non-refundable fee of RM 370.00 is submitted in the form of online banking or cheque. Mode of payment: Payment by cheque or online banking: Payable to "COSMOPOINT SDN BHD" Bank Name: Maybank Bank Account No: 014299120661 Once the money is transferred, kindly scan the receipt/bank-in slip and email to us (apela@klmuc.edu.my). b. The applicant gives permission to the Management of KLMUC to make references to and use the information or data in this application as may be deemed necessary. c. Documents that are not in English or Bahasa Malaysia must be accompanied by a certified translation in full. d. Applicant will be subjected to an Aptitude Test and submission of Portfolio. 	<p style="text-align: center;">For Office Use</p> <hr/> <p>Processed by:</p> <p>Reference number:</p> <p>Date:</p>
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