



REGISTRATION FORM (BACHELOR 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			
HIGHEST LEVEL OF ACADEMIC QUALIFICATION	(PLEASE 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> <p>a. Non-refundable fee of RM 250.00 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 (apel@klmuc.edu.my).</p> <p>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.</p> <p>c. Documents that are not in English or Bahasa Malaysia must be accompanied by a certified translation in full.</p> <p>d. Applicant will be subjected to an Aptitude Test and submission of Portfolio.</p>	<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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REGISTRATION 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> <p>e. 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 (apel@klmuc.edu.my).</p> <p>f. 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.</p> <p>g. Documents that are not in English or Bahasa Malaysia must be accompanied by a certified translation in full.</p> <p>h. Applicant will be subjected to an Aptitude Test and submission of Portfolio.</p>	For Office Use
	Processed by:
	Reference number:
	Date: