

Postgraduate Application Form

For office use only
Application ref no



1. Personal Details

Title : Mr/Ms/Miss/Mrs/Dr

Male / Female

Surname/Family Name (Block Capitals)

First Name(s)

Previous Surname, if changed

Date of Birth

Correspondence Address

Post Code

Daytime
Telephone Number

Evening
Telephone Number

Mobile

Fax Number

E-Mail Address (please write clearly)

Home Address (if different from above)

Post Code

Daytime
Telephone Number

Evening
Telephone Number

Mobile

Fax Number

E-Mail Address (please write clearly)

2. Details of the taught Postgraduate Course(s) to which you are applying.

Month & Year in which you wish to start:

Course Title:

1st Choice:

F/T

P/T

2nd Choice

F/T

P/T

3. Where did you hear about Staffordshire University / APIIT and our courses?

4. Career History/Voluntary Work/Relevant Experience

Please give details of your last two situations relating to employment, training and /or professional experience (most recent first)

Date From		To	Employers name & Address	Post held & main functions	Full-Time/ Part-Time	Reasons For Leaving

5. Academic History/Professional History

Please give details of the last two universities/colleges you attended (most recent first)

Date From	To	Name of Institution	Qualification Gained	Grade

6. English Language Competence

Is English your first language?

Yes No

Was English the language of instruction for your previous qualifications?

Yes No

Please indicate if you hold any English language qualifications (eg: IELTS, TOEFL, etc)

Grade

Date

Grade

Date

7. Academic /Professional Interests & Purpose of Study.

Please outline your reasons for wishing to undertake your chosen programme of study.

(please continue on a separate sheet if necessary)

8. Name & Address of Referees

You are normally expected to provide two academic references from people (not a relative) who have direct knowledge of your work.

i) Name
Address

Telephone Number

Fax Number

E-Mail Address (if applicable)
(please write clearly)

ii) Name
Address

Telephone Number

Fax Number

E-Mail Address (if applicable)
(please write clearly)

9. Disability / Special Needs

Please indicate any special arrangements or facilities you may require



10. Declaration

I confirm that, to the best of my knowledge, the information given on this form is correct & complete.

Applicant's Signature: _____ **Date:** _____

Please return your completed form & relevant documentation to:



Asia Pacific Institute of Information Technology

Lot 6, Technology Park Malaysia

Bukit Jalil, 57000 Kuala Lumpur, Malaysia.

Tel : 03-8996 1000 Fax: 03-8996 1001

E-mail : info@apiit.edu.my Web: <http://www.apiit.edu.my>