



A. APPLICATION DETAILS

Programme of Study (*) :

Mode of Study (*) :

Academic Year (*) : Intake (*) :

For Research Programmes Only:

Area of Specialization :

Proposed Research Title :

Proposed Supervisor :

B. PERSONAL DETAILS

Full Name (*) :

Gender (*) : NRIC / Passport No (*) :

Date of Birth (*) : Place Of Birth(*) :

Age (*) : Marital Status (*) :

Nationality (*) : Ethnicity : Religion (*) :

Mailing Address (*) :

Postcode (*) : City (*) : State / Province (*) : Country (*) :

Tel No (*) : Mobile No : Email (*) :
Please provide valid email

Permanent Address @ Home Country (if different from Mailing address) :

Postcode : City : State / Province: Country :

C. QUALIFICATIONS

Please provide details of degree obtained from University / College / Other Tertiary Institutions

Academic Qualification Obtained (*)	Result / Achievement (CGPA or equivalent) (*)	Name of Institution (*)	Period of study (*)		Language of Instruction(*)
			From (mm/yyyy)	To (mm/yyyy)	

F. FINANCIAL SUPPORT

Please indicate your source of financial support while studying in UTP (*)

I am a self-financed student/have financial support from my family
 I am fully sponsored by my home government/employer/other organization (attach evidence)
 I am awarded a scholarship by (attach evidence)
 I am applying for UTP Graduate Assistantship Scheme (GA) -**Research and Full-time only**. If it is unsuccessful, I wish to study as a full-fee student

Please Select

G. REFEREES

Please provide details of two referees who are able to comment on your academic capabilities.

Name (*)	Organization (*)	Tel. No. (*)	Email Address
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

H. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name (*) Relationship (*)

Address (*)

Postcode City State / Province Country (*)

Tel No (*) Fax No Email

I. DECLARATION

I hereby declare that I have personally filled in this Application Form and that the information contained herein is complete and accurate to the best of my knowledge. I understand that withholding or giving false information will make me ineligible for admission and future enrollment. I further understand that if at any time the information or part thereof stated in this declaration is found contrary to facts, the University has the authority to disqualify, or if I am already admitted, to terminate my candidature.

Signature of Applicant		Date	
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