

PART 4b : Education Background - STPM / A Levels / Year 12 equivalent

Name of School _____ Telephone No _____

Address _____

Highest Academic Qualification STPM A-Level SAM CPU Matriculation Diploma IB

Others (Please specify) _____ Year of Examination _____ Overall Grade/ Aggregate _____

Subjects and Results

No	Subject	Grade	No	Subject	Grade
01.	_____	_____	06.	_____	_____
02.	_____	_____	07.	_____	_____
03.	_____	_____	08.	_____	_____
04.	_____	_____	09.	_____	_____
05.	_____	_____	10.	_____	_____

PART 5 : Academic Awards / Other Qualifications

PART 6 : Extracurricular Activities

No	Name of Examination / Award	Grade / Award	No	Name of Club / Society / Association / Activity / Event / Position	Year
01.	_____	_____	01.	_____	_____
02.	_____	_____	02.	_____	_____
03.	_____	_____	03.	_____	_____
04.	_____	_____	04.	_____	_____
05.	_____	_____	05.	_____	_____

Note: Please attach certified true copies of examination certificates and result transcripts.

DECLARATION BY APPLICANT

I hereby declare that the information provided in this application form is true and correct. I have read all information, terms conditions and entry requirements for my programme of choice, and agree that University of Cyberjaya reserves the right to change the criteria without prior notification. The final decision is at the sole discretion of University of Cyberjaya. The University reserves the right to reject this application if it is found to be false/misleading/untrue. I will not hold the University liable for any complications that may arise due to any inaccurate information provided by me. I am also aware that the University shall protect and manage my data in accordance with the University's data protection and privacy policy.

Name of Applicant _____

MyKad / Passport no. _____

Date _____

Signature of Applicant

PARENT / GUARDIAN'S APPROVAL - Applicants below the age of 18 will require the approval of their parent / guardian for the purpose of application.

Name of Parent / Guardian _____

MyKad / Passport no. _____

Date _____

Signature of Parent / Guardian

FOR OFFICE USE ONLY

Verified & Checked By

Name _____

Date _____

Interviewed By

Name _____

Date _____

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