

Section 6 - Application Checklist

PLEASE USE BLOCK CAPITALS & TICK WHEREVER NECESSARY

- Read and understood the condition of enrolment and the information set out on the relevant course brochures and fees schedule.
- Completed all sections of this form of application and signed the declaration section

Attached:

- Four (4) passport sized photographs of yourself.
- Certified copy of your passport which must be valid for the duration of your course.
- Certified copies of the documentation of your academic qualifications and English language proficiency (if applicable).
- Payment for all the amounts due on application as set out in a separate fees schedule.

Section 7 - Declarations

Declaration by Student

I hereby declare that:

- (i) the information provided by me on this form and in support of this application is, to the best of my understanding and belief, complete and correct; and I understand that the giving of false or incomplete information may lead to the rejection of my application or cancellation of my enrolment.
- (ii) I have read and understood the information and explanations as provided relating to course programme, course and other fees payable and estimated living expenses in Malaysia and confirm that I accept liability for payment in accordance with the payment conditions of all fees and other costs.
- (iii) I agree to abide by the Institut Kompas's rules and regulations as stated in the Student Handbook.
- (iv) I authorise Institut Kompas to obtain official records from any educational institutions attended by me or to provide any relevant official records to various regulatory agencies or bodies, if relevant and necessary.

_____ Date: - -
Day Month Year
 Applicant's Signature

Declaration by Parent / Guardian (if applicant below 21 years of age)

I, _____, hereby acknowledge and consent to the above applicant's submission of this form for consideration of Institut Kompas, I undertake to see to the good conduct of the applicant after his/her admission for study at Institut Kompas and to pay all fees due to Institut Kompas on behalf of the applicant in accordance with the fees schedule of Insitut Kompas.

Relationship to Applicant:

_____ Date: - -
Day Month Year
 Parent's / Guardian Signature

FOR OFFICE USE

Application Receive: - -
Day Month Year

Application Receive: _____ Agent's Verification (if applicable): _____
Signature and Official Stamp

Admission Status

- Unconditional Acceptance Conditional Acceptance Rejection
- Other (please specify) _____

Programme of Study Admitted To Intake Semestar

Approved By: _____ Possed: _____

(Wholly Owned And Managed By Kumpulan Kompas Sdn. Bhd. [213973W])

8, Jalan Che Tak, 30300 Ipoh, Perak Darul Ridzuan, Malaysia.
Tel. No : +605 - 255 1559 & +605 - 242 9155 **Fax No :** +605 - 242 9155
E-mail : admin@kompasglobal.com **URL :** www.kompasglobal.com

Application For Admission (International Students)

Course Applied

- ACCA Professional Scheme ACCA-CAT Scheme ABE Diploma in Business Studies
- Diploma in Business Studies Certificate in Accounting English Language Program
- Others : _____

Would you like to study Full-time Part-time

Proposed entry date Month _____ Year _____

FOR OFFICE USE BELOW THIS LINE

<p>INTERVIEW(S)</p> <p>Crse <input style="width: 100%;" type="text"/></p> <p>Int..... Date Time</p> <p>Crse agreed</p> <p>Conditional <input type="checkbox"/></p> <p>Unconditional <input type="checkbox"/></p>	<p>Crse <input style="width: 100%;" type="text"/></p> <p>Int..... Date Time</p> <p>Crse agreed</p> <p>Conditional <input type="checkbox"/></p> <p>Unconditional <input type="checkbox"/></p>	<p>Correspondence</p> <p>Rec'd</p> <p>Ack'd</p> <p>Inter. Arrgd</p> <p>Off/Rej.....</p> <p>Resp</p>	<p>Course <input style="width: 100%;" type="text"/></p> <p>Course <input style="width: 100%;" type="text"/></p> <p>LEA <input style="width: 100%;" type="text"/></p> <p>Source <input style="width: 100%;" type="text"/></p>
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Section 1 - Applicant's Personal Details

PLEASE USE BLOCK CAPITALS

Surname (or family name)

Forename

Title

Mr. Mrs. Miss Ms. Others _____

Gender

Female Male Single Married

Marital Status

Date of Birth

 - -

Day Month Year

Country of Birth

Nationality

Passport Number*

Place of Issue

Issue Date

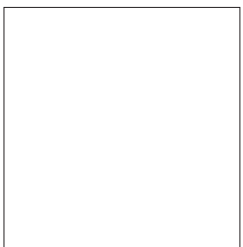
 - -

Day Month Year

Expiry Date

 - -

Day Month Year



Section 2 - Applicant's Contact Information

Correspondence Address

Street (& building name / No.)

City / Town

State / Country

Country

Post Code

Telephone Number

 -

Hand Phone Number

Facsimile Number

 -

E-mail Address

Contact Person In Malaysia (if any)

Person's Name

Street (& building name / No.)

City / Town

State

Post Code

Telephone Number

 -

Facsimile Number

 -

Hand Phone Number

 -

Relationship with Applicant

Section 3 - Academic History & Experience

PLEASE USE BLOCK CAPITALS

ACADEMIC HISTORY

NAME OF INSTITUT/COLLEGE/UNIVERSITY/OTHER	Location	Year Attended	Level	Date Achieved

WORKING EXPERIENCE(S)

Company Name	Position	From (Year)	To (Year)

You may use this section to give any other details which you may help in discussing your course. Give also any other hobbies, interests or achievements:

Are you applying to another establishment? (Please Tick) YES NO

If YES which?

Section 4 - HEALTH & DISABILITY

PLEASE COMPLETE THIS SECTION

If you have a learning difficulty and/or disability, you may require extra support with your study. Please tick the appropriate box below.

NB if you have and additional support needs eg you are short-sighted but your vision is corrected by spectacles or contact lenses, use code 0.

- | | | | |
|--|----------------------------|--|----------------------------|
| You have dyslexia | <input type="checkbox"/> 1 | You have a mental health difficulties | <input type="checkbox"/> 7 |
| You have visual difficulties | <input type="checkbox"/> 2 | You have speech difficulties | <input type="checkbox"/> 8 |
| You are a wheel chair user/have mobility difficulties | <input type="checkbox"/> 3 | You have difficulty because English is not your first language | <input type="checkbox"/> 9 |
| You have hearing difficulties | <input type="checkbox"/> 4 | You have difficulties with reading/writing or working with numbers | <input type="checkbox"/> A |
| You have a medical condition e.g. diabetes, epilepsy, asthma | <input type="checkbox"/> 5 | You have no present for support | <input type="checkbox"/> 0 |
| You have learning difficulties | <input type="checkbox"/> 6 | | |

Section 5 - Guidance & Others

If you are unsure and require a guidance session (please tick)

How were you made aware of the College?

College Publication

When would be the best time for a guidance session?

Kompas global Website

Advertisement (please specify) _____

Other _____