

Please complete and return this form to: **Jesselton College**

Complete



Jesselton College S-1-3 Block A City Mall, Jalan Lintas, 88300 Kota Kinaba Sabah, Malaysia. T: +6088 448344 F:+6088 44 W:www.jesselton.edu.my E: info@jesselton.edu.my You MUST attach certified copic academic transcript, including I All documents must be in Englis English translations.	Office use only / Agent use only Application Form Completed Attached certified copies of all academic qualifications Attached certified copies of your English test score (if any) Attached 2 copies of passport-sized photo Registration fees of RM350 Consultation with: Date:								
Title of the course you (Please refer to the Prospectus)	or		Intake						
(Fleuse rejer to the Frospectus)		-	Year						
PERSONAL DETAILS									
Title	Mr. Mrs.	☐ Miss ☐ Specify	Others:						
Family Name Given Names									
Certificate Name									
Correspondence Address	Country								
	Email								
	Home phone								
6	Mobile 1	Whatsapp Available							
Contact Details	Mobile 2								
	Race								
Date of Birth			(DD/ MM,	/ YYYY) Place	of Birth				
Gender	Male	Female		l					
NRIC/Passport Number									
Marital Status	Single Married Widowed Spouse Name (if married)								
Religion			<u>'</u>	1					
Nationality	BUMI-PUTERA (tick if yes)								
Source of Enquiry	How did you hear about Jesselton College?								
Referral Details / Agent				Mobile Phone					

olete	INFORMATION OF CLUB / CO-CURRICULUM												
,	Name of Club / Co-co	urriculum											
		Position											
•	Clubs available: - (Baa	lminton, Futsal, S	wimming, Ches	s, Table Tennis, Bow	vling, Basket Ball, N	Ausic & Dance)							
lete	EDUCATION (Most recent establishments- Applications will only be assessed if accompanied by certified copies of academic transcripts for all courses undertaken to date.												
	Name of School	l Attended	Course/award		Country		Year started	Year completed					
Ī	SOURCE OF FEES PAYMENT (Please Tick)												
	Yourself Family Men	nber PTPTN	PTPTN KWSP Others:										
	Payment Me	thod	Method A		Method	Method B		Method C					
lete	EMERGENCY / G	GUARDIAN/ I	PARENTS C	ONTACT	Polatic	anshin							
	Name				Relatio with St	· .							
ļ	NRIC/PASSPORT												
	Address												
-	Contact Details	Email				Mobile							
Ì	PERSONAL INFORMATION												
ľ	Please tick if you do not wish to have your personal information forwarded to Jesselton College's preferred providers												
	for consia	leration, if your	application is	unsuccessful. Wh	ere successful, a p	oackage offer v	will be issued.						
				that you will ONL ing your studies o		counseled by	our partnered Educ	cation					
e	DECLARATION 8	AGREEMEN	т										
	I declare that the in	formation provi	ided on this fo	rm is true and cor	nplete in every de	etail.							
	I authorize Jesseltor attached.	n College to obto	ain any furthe	r information abo	ut me from educc	ational and oth	er institutions whic	ch I have					
	I acknowledge that made on this basis o				e to vary or rever	se any decisior	n regarding admiss.	ion or enrolm					
	I am aware of the co	onditions relatir	ng to my appli	cation and admiss	sion, and agree to	pay all fees fo	or which I am liable						
- 1	Signature:												