



APPLICATION FORM FOR UNDERGRADUATE STUDIES PROGRAMME

SEMESTER Semester I (September Intake) Semester II (February Intake)
 Intake Year

PROGRAMME DETAILS			
Choice	Code	Programme	Faculty
First Choice			
Second Choice			
Third Choice			

**UMS RESERVES THE RIGHTS TO OFFER A DIFFERENT PROGRAMME THAT SUITED ACCORDING TO THE CANDIDATE'S ACADEMIC BACKGROUND.

PERSONAL DETAILS	
Name as stated in the Passport	
Date of Birth	
Passport No	
Gendar	
Ethnic	
Nationality	
Email Address	
Phone No.	
House Phone No.	
Fax No.	
Postal Address	

Emergency Contacts	
Name	
Phone No.	
Email Address	

Family Background	
Name	
Relationship	
Occupation	
Passport/ID No	
Email Address	
Mobile Phone No.	
House Phone No.	
Office Phone No.	
Postal Address	

Name	
Relationship	
Occupation	
Passport/ID No	
Email Address	
Mobile Phone No.	
House Phone No.	
Office Phone No.	
Postal Address	

Name	
Relationship	
Occupation	
Passport/ID No	
Email Address	
Mobile Phone No.	
House Phone No.	
Office Phone No.	
Postal Address	

Name	
Relationship	
Occupation	
Passport/ID No	
Email Address	
Mobile Phone No.	
House Phone No.	
Office Phone No.	
Postal Address	

Name	
Relationship	
Occupation	
Passport/ID No	
Email Address	
Mobile Phone No.	
House Phone No.	
Office Phone No.	
Postal Address	

Language Proficiency Information

Test Type	
Result	
Month Taken	
Year Taken	
Will be taken	

Academic Qualification

Level	
Degree Name	
High School/ College/University Name	
Graduation Year	
Result Type	

Financial Support Information

Support Type	
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Guarantor's Name	
Relationship	
Occupation	
Monthly Income (RM)	
Passport/ID No	
Email Address	
Mobile Phone No.	
House Phone No.	
Office Phone No.	
Postal Address	

Guarantor's Name	
Relationship	
Occupation	
Monthly Income (RM)	
Passport/ID No	
Email Address	
Mobile Phone No.	
House Phone No.	
Office Phone No.	
Postal Address	

DOCUMENTS

1. Certified copy of academic transcripts
2. Certified copy of certificate of graduation(degree)
3. Coloured passport size photograph
4. Copy of international passport(all pages with a valid expiry date)

DECLARATION

I understand that withholding information requested may make me ineligible for admission to the University Malaysia Sabah and I also would like to certify that the information that I have provided on this application and in all other application materials is complete, accurate and true to the best of my knowledge and if admitted, I agree to abide by the rules and regulations of the University. I understand that misrepresentation of application information is a sufficient ground for cancelling admission or registration.

Applicant's Signature:

Date: