



# REGISTRATION FORM FOR FULL-TIME STUDENTS

Kindly attach the following to your registration form:

- 1. 2 passport-sized photographs
- 2. A photocopy of your academic qualifications  
*(SPM / O-Levels / UEC / A-Levels / STPM / others)*
- 3. A photocopy of your MyKad
- 4. Resource Fee, Student Services Fee, Registration Fee, Security Deposit and 1st Semester Tuition Fees.  
*(There will be no refund of fees for subjects granted exemption)*

## COURSE APPLIED FOR

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| 1. Certificate in Communication Studies              | <input type="checkbox"/> | 7. Diploma in Visual Effects & Digital Animation | <input type="checkbox"/> |
| 2. Diploma in Advertising / Marketing Communications | <input type="checkbox"/> | 8. Diploma in Web & Interactive Design           | <input type="checkbox"/> |
| 3. Diploma in Mass Communication                     | <input type="checkbox"/> | 9. Diploma in Motion Design                      | <input type="checkbox"/> |
| 4. Diploma in Creative Multimedia                    | <input type="checkbox"/> | 10. Foundation in Media Studies                  | <input type="checkbox"/> |
| 5. Diploma in Graphic Design                         | <input type="checkbox"/> | 11. B.A. (Hons.) Mass Communications             | <input type="checkbox"/> |
| 6. Diploma in Broadcasting                           | <input type="checkbox"/> | 12. Intensive English                            | <input type="checkbox"/> |

## PERSONAL PARTICULARS

Name : \_\_\_\_\_ *(as in MyKad)*

Age : \_\_\_\_\_ Gender : Male / Female

Nationality : \_\_\_\_\_ Religion : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Race : \_\_\_\_\_ MyKad No. : \_\_\_\_\_

Current Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel. No. (House) : \_\_\_\_\_ Email : \_\_\_\_\_

Handphone : \_\_\_\_\_ Hometown *(if applicable)* : \_\_\_\_\_

## MEDICAL RECORD

Major Illnesses : \_\_\_\_\_ Blood Group : \_\_\_\_\_

Medication : \_\_\_\_\_ Type of Allergies : \_\_\_\_\_

## ENGLISH LANGUAGE ACHIEVEMENT

Subject	Grade / Score	Subject	Grade / Score
<input type="checkbox"/> SPM	_____	<input type="checkbox"/> MUET	_____
<input type="checkbox"/> IELTS	_____	<input type="checkbox"/> Others (please state)	_____
<input type="checkbox"/> TOEFL	_____	<input type="checkbox"/> O-Levels	_____

Name of School / College : \_\_\_\_\_

## DETAILS OF PARENTS

Father's Name : \_\_\_\_\_ Mother's Name : \_\_\_\_\_  
Father's Occupation : \_\_\_\_\_ Mother's Occupation : \_\_\_\_\_  
Father's Office Contact : \_\_\_\_\_ Mother's Office Contact : \_\_\_\_\_  
Father's Handphone No. : \_\_\_\_\_ Mother's Handphone No. : \_\_\_\_\_

Name of Parent / Guardian to receive correspondence : \_\_\_\_\_

Official Correspondence Address\* : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* All official IACT College correspondence will be forwarded to your parent / guardian at this address.

### DECLARATION :

I confirm that the information given on this form is correct.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## HOW DID YOU LEARN ABOUT IACT COLLEGE?

- Introduced by a current student of IACT College. Name of Introducer : \_\_\_\_\_
- Introduced by Student Ambassador. Name of Introducer : \_\_\_\_\_
- Introduced by member of the Alumni. Name of Introducer : \_\_\_\_\_
- IACT College Website : \_\_\_\_\_
- Exhibition / Roadshow : \_\_\_\_\_
- Media (Newspaper / Magazine / etc) : \_\_\_\_\_
- Facebook / Wiki / Blog / Twitter : \_\_\_\_\_
- School Counsellors : \_\_\_\_\_
- Others : \_\_\_\_\_

## FOR OFFICE USE ONLY

1. Intake : \_\_\_\_\_
2. Comments : \_\_\_\_\_
3. Payment Made : \_\_\_\_\_
4. Registered By : \_\_\_\_\_
5. Loan : \_\_\_\_\_
6. Scholarship : \_\_\_\_\_