REGISTRATION FORM FOR PART-TIME STUDENTS

Kindly attach the following to your application form:

1. 2 passport-sized photographs
2. Photocopy of your academic qualifications
3. A photocopy of your MyKad
4. Tuition fees and registration fee

COURSE APPLIED FOR

1. Diploma in Marketing Communications
   Subjects taken this semester

2. Other Course(s):
   (please state)

PERSONAL PARTICULARS

Name: __________________________ (as in MyKad)
Age: __________________________
Gender: Male / Female
Nationality: _____________________
Race: __________________________
Religion: _______________________
Date of Birth: ___________________
MyKad No.: _____________________
Current Address: ________________
                           __________________
                           __________________
Tel No. (House): ________________
Handphone No.: ________________
Email: _________________________
MEDICAL RECORD

Major Illnesses: ____________________________________________
Medication: ______________________________________________
Blood Group: _____________________________________________
Type of Allergies: __________________________________________

EMPLOYMENT PARTICULARS

Company Name: ___________________________________________
Address: _________________________________________________
                                           _________________________________________________
                                           _________________________________________________
                                           _________________________________________________
                                           _________________________________________________
Tel No.: ___________________ Email: _________________________
Fax No.: ___________________ Designation: ___________________
No. of years of working experience: _________________________
In the areas of: ____________________________________________ (eg. Sales, Advertising, Public Relation etc.)

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: ______________________________
☐ Others: ______________________________

FOR OFFICE USE ONLY

1. Intake: ______________________________
2. Comments: ______________________________
3. Payment Made: ______________________________
4. Registered By: ______________________________