CYBERJAYA UNIVERSITY COLLEGE OF MEDICAL SCIENCES

UNIVERSITY APPLICATION FORM

CYBERJAYA UNIVERSITY COLLEGE of medical sciences

Nurturing the Passion to Care

	PART 1	: Academic Programme			
	Programme	Foundation		Degree	
Please at		🗌 Diploma		Postgraduate Programme	
your rec photograp	h here.	h year			
PART 2 : Perso	nal Particulars				
Name (as in MyKad / Passpo	ort)			Date of Birth day month	year
MyKad / Passport No		Nat	tionality		
Home Address					
	Postcode	Town / City		Country	
Gender		Religion		Race	
Home Telephone No		Mob	le Phone No		
Email Address					
PART 3 : Details	s Of Family Members				
No Name of Pare	ents/Guardian & Siblings/Other Deper	dents Relationship	Age	Occupation	
	(as in MyKad / Passport)			·	
01					
02					
03					
04					
05					
PARI 4a: Edu	cation Background - SPM	/ UEC / U Levels / Year T	l equivalent		
Name of School				Telephone No	
Address	ification 🔲 SPM 🔲 O-Leve				
Highest Academic Quali			Voor of Evomination	Overall Grade/ Aggregate	
Subjects and Results	Others (Pieuse specify)		fear of Examination		
No	Subject	Grade	No	Subject	Grade
01			06		
02			07		
03			08		
04.			09		
05.			10		
	tified true copies of examination certific	ates and result transcripts.			·

PART 4b : Education Background - STPM / A Levels / Year 12 equivalent

The second background strike A covers real 12 equivalent									
Name of	School						Telephone N	0	
Address									
Highest /	Academic Qualification	🗆 STPM 🛛 A	-Level 🗌 SAM	□ CPU □ Mat	riculation	🗌 Diploma 🗌 IB			
		Others (Please spec	ify)		Year	of Examination		Overall Grade/ Aggregate	
Subject	s and Results								
No		Subject		Grade	No		Subject		Grade
01.					06				
02.				_	07.				
03.					08				
04.					09.				
05.					10				

PART 5: Academic Awards / Other Qualifications			PARI 6: Extracurricular Activities			
No	Name of Examination / Award	Grade / Award	No	Name of Club / Society / Association / Activity / Event / Position	Year	
01.			01.			
02.			02.			
03.			03.			
04.			04.			
05.			05.			

Note: Please attach certified true copies of examination certificates and result transcripts.

DECLARATION BY APPLICANT

I hereby declare that the information provided in this application form is true and correct. I have read all information, terms conditions and entry requirements for my programme of choice, and agree that CUCMS reserves the right to change the criteria without prioir notification. The final decision is at the sole discretion of CUCMS. The CUCMS reserves the right to reject this application if it is found to be false/misleading/untrue. I will not hold the University liable for any complications that may arise due to any inaccurate information provided by me.

Name of Applicant	
MyKad / Passport no.	
Date	Signature of Applicant
PARENT / GUARDIAN's APPROVAL - Applicants below the age of 18 will req	uire the approval of their parent / guardian for the purpose of application.

Name of Parent / Guardian's	
MyKad / Passport no.	
Date	

Signature of Parent / Guardian's

FOR OFFICE USE ONLY

Verified & Checked By	Interviewed By	
Name	Name	
Date	Date	

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