

FOR OFFICE USE ONLY	
(PLEASE TICK ✓ WHERE APPLICABLE)	
PROCESSING FEE	
QUALIFIED	
NOT QUALIFIED	
NOT COMPLETE	
ROAD SHOW	
REMARKS	

**APPLICATION FORM**

**INSTRUCTIONS**

- All information should be fill in **CAPITAL LETTERS**
- Please tick (✓), where applicable
- Completed form should be submitted together with all relevant documents as stated at the back of this form

Affix passport size photo

Please write your name & i/c no. at the back of the photo

**PROGRAMMME**

**FOUNDATION IN SCIENCE ( Medical/Pharmacy) KPT ( JPS)600-07/65(28)**

**PERSONAL PARTICULARS**

**FULL NAME**

(as in NRIC/Passport)

**NRIC No.**

(or Passport No.)

**Nationality**

**Address**

**Postcode**

**State/Country**

**Contact No. ( Home)**

**Hand phone No.**

**Gender**

**Marital Status**

**Race**

**Religion**

**Age**

**Date of Birth**

PARENTS/GUARDIAN INFORMATION

FATHER

Title  Dr.  Mr.  Other \_\_\_\_\_  
(Please specify , e.g Tan Sri,Datuk,Dato',etc)

Name (as in IC/Passport)

Address

Home Tel.No

Home Fax No.

Mobile Phone No.

Office Tel.No

Office Fax No.

Company

Occupation

Annual Income

Highest Education Level

Email Address

MOTHER

Title  Dr.  Mdm  Other \_\_\_\_\_  
(Please specify , e.g Tan Sri,Datuk,Dato',etc)

Name (as in IC/Passport)

Address

Home Tel.No

Home Fax No.

Mobile Phone No.

Office Tel.No

Office Fax No.

Company

Occupation

Annual Income

Highest Education Level

Email Address

GUARDIAN

Title  Dr  Mr  Mdm.  Mrs.  Ms  Others \_\_\_\_\_  
(Please specify , e.g Tan Sri,Datuk,Dato',etc)

Name (as in IC/Passport)

Address

Home Tel.No

Home Fax No.

Mobile Phone No.

Office Tel.No

Office Fax No.

Company

Occupation

Annual Income

Highest Education Level

Email Address

**ADDITIONAL INFORMATION**

**PARENT'S MARITAL STATUS**

Married
  Divorced
  Separated
  Deceased ( Mother/ Father)

**ACADEMIC QUALIFICATIONS & RECORD**

**EDUCATION INSTITUTIONS ATTENDED** *( Please certified true copies of certificates and academic transcripts)*

From (mm/yy)	To (mm/yy)	Qualification	Institution/ University

**SPM RESULTS**

SPM YEAR

AGGREGATE

Subject/Grade

Bahasa Melayu

Biology

Bahasa Inggeris

Physics

Matematik

Chemistry

EST

Additional Mathematic

Others \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ENGLISH LANGUAGE ACHIEVEMENT**

TOEFL
  IELTS
  Malaysian University English Test ( MUET)
  Others (please state)

Name of Institution : \_\_\_\_\_ Score/Grade : \_\_\_\_\_

**SCHOLARSHIPS, AWARDS OR SPECIAL ACADEMIC ACHIEVEMENTS**

Date ( mm/yy)	Achievements

**EXTRA CURRICULAR ACTIVITIES**

Activity	Level of Involvement

## MEDICAL DISCLOSURE

Is there any medical condition of the application that requires the attention of CUCMS? If yes, please specify.

---

---

---

---

---

---

( Please attach a copy of medical report with this application from a certified medical practioner.)

## DECLARATION BY THE APPLICANT

I declare that the information provided with this application are true and correct. I understand that CUCMS reserves the right to vary or reverse any decision regarding admission or enrollment made on the incomplete information. I also agree to abide by all CUCMS's rules and regulations.

Signature of Applicant : .....

Date : .....

## ENCLOSURES ( *Required documents* )

The following document must be submitted together with application form.

a) Certified true copy of

i) SPM/SPMV/O'Level certificate and

ii) STPM/A'Level certificate or

iii) Certificate( eg :MOHE,FDN)/Diploma Cerificate/Bachelor certificate with transcripts/result of every semester

b) A copy of NRIC & Birth Certificate

c) Passport Size -Photo ( 1 Pc)

d) Parent's / Guardian's EA form - Annual Income Statement/Salary Slip

e) Crossed cheque/Bank Draft/Postal Order, payable to IN-FUSION EDUCATION SDN BHD , account no : 5144-9520-5475 for processing fee ( non refundable ) with the amount of RM 150.00

*Upon completion, this form should be returned to (post/by hand):*

ADMISSION UNIT  
CYBERJAYA UNIVERSITY COLLEGE of MEDICAL SCIENCES  
Main Campus  
No. 3410 Jalan Teknokrat 3  
Cyber 4, 63000 Cyberjaya  
Selangor Darul Ehsan, Malaysia

General Line : 603 - 8313 7000  
Admission Unit : 603 - 8313 7091 / 7015 / 7020  
Fax : 603 - 8313 7090 / 7001

<http://www.cybermed.edu.my>