

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 filled 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

POSTGRADUATE PROGRAMME BY RESEARCH

Master of Medical Science (M.Sc)
KPT(JPS)600-07/65/Jld.II (50)

Full-time

Doctor of Philosophy in Medical Science (PhD)
KPT(JPS)600-07/65/Jld.II (50)

Part-time

RESEARCH INTEREST

Pharmacological Sciences

Disaster and Emergency Sciences

Cardiovascular Sciences

Public Health

Physiological Sciences

Occupational and Environmental Sciences

Behavioural Sciences

Medical Education

Microbiology & Parasitology

Others _____

RESEARCH PROPOSAL

The proposal should be between 3,000 and 5,000 words in length. Please provide details of the proposal on separate sheet of paper, signed with your name and append it to this form.

Research Area :

Preliminary title of your Research Project :

RESEARCH SUPERVISOR

Proposed Supervisor (s)

Full Name : _____

Position : _____

Faculty : _____ **Department** : _____

Email Address : _____ **Contact No.** : _____

* Official appointment of the supervisor will be made by the Department/Faculty

APPLICANT'S PERSONAL PARTICULARS

Full Name (as in IC/Passport)	<input type="text"/>		
NRIC or Passport No	<input type="text"/>	Nationality	<input type="text"/>
Permanent Address	<input type="text"/>		
Postcode	<input type="text"/>	State / Country	<input type="text"/>
Contact No. (House)	<input type="text"/>	Handphone No	<input type="text"/>
Gender	<input type="text"/>	Marital Status	<input type="text"/>
Race	<input type="text"/>	Religion	<input type="text"/>
Age	<input type="text"/>	Date of Birth	<input type="text"/>

NEXT OF KIN / PARENT OR GUARDIAN

Title Dr. Mr. Mdm. Others _____
(Please specify , e.g Tan Sri, Datuk, Dato', etc)

Name
(as in IC/Passport) **Relationship**

Address

<input type="text"/>	Home Tel. No.	<input type="text"/>	Company	<input type="text"/>
	Home Fax No.	<input type="text"/>	Occupation	<input type="text"/>
	Mobile Phone No.	<input type="text"/>	Annual Income	<input type="text"/>
	Office Tel No.	<input type="text"/>	Highest Education Level	<input type="text"/>
	Office Fax.	<input type="text"/>	Email Address	<input type="text"/>
	<input type="text"/>			

EMERGENCY CONTACT PERSON

Name

Address

<input type="text"/>	Relationship :
<input type="text"/>	Contact No. (House/Office) :
<input type="text"/>	Mobile No. :
<input type="text"/>	

ACADEMIC QUALIFICATIONS (already obtained or anticipated)

Names of College / University / Institution and Location	Dates attended		Awards obtained (give date and class / grade of award and awarding body)
	From:	To:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PROFESSIONAL AND OTHER QUALIFICATIONS (if any)

Name of awarding institution / body	Subject	Qualification obtained (give dates & whether obtained by examination / exemption)

ENGLISH LANGUAGE ACHIEVEMENT

English Qualification	Score	Date Obtained
<input type="checkbox"/> TOEFL <input type="checkbox"/> IELTS <input type="checkbox"/> MUET <input type="checkbox"/> Others (please specify) : _____ _____		

EMPLOYMENT AND EXPERIENCE

Name and address of employer	Dates of employment	Position held	Job Description
			<p style="text-align: right;"><i>Continue on a separate sheet if necessary</i></p>

Please indicate and describe any of your current or past working/training experience that will support your application. How will the programme fit in with your career objective?

Continue on a separate sheet if necessary

MEDICAL DISCLOSURE

Is there any medical condition of the applicant 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 is true and correct. I understand that CUCMS reserves the right to vary or reverse any decision regarding admission or enrollment made based on incomplete information. I also agree to abide by all CUCMS's rules and regulations.

Signature of Applicant :

Date :

Note : Please attach complete curriculum vitae with this application form

REFEREE'S DETAIL

Please provide the details of two (2) referees who are able to comment on your academic records. Please request them to fill up their report in the form provided and return to the university in sealed envelope. If possible one of your referees should be from your former institution of higher learning.

Name of Referee	Curent Academic Position	Contact No.

APPLICATION CHECK LIST (Please tick where applicable)

- | | |
|---|--|
| <input type="checkbox"/> Application Form Signed | <input type="checkbox"/> TOEFL / IELTS / MUET Certificate Enclosed |
| <input type="checkbox"/> References Enclosed | <input type="checkbox"/> GRE / GMAT Certificate Enclosed (If Required) |
| <input type="checkbox"/> Certified True Copies of Certificates/ Diplomas Enclosed | <input type="checkbox"/> Application Fee Enclosed RM300.00 |
| <input type="checkbox"/> Research Proposal Enclosed | <input type="checkbox"/> Complete curriculum vitae attached |
| <input type="checkbox"/> Transcripts Enclosed | |

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>

REFEREE REPORT (CONFIDENTIAL)
POSTGRADUATE PROGRAMME (by Research)

APPLICANT'S INFORMATION

To be completed by applicant

Name : _____ **NRIC No./ Passport No.** : _____
 (as in NRIC / passport)

Programme applying at CUCMS : _____

Research Interest : _____

REFEREE'S INFORMATION

To be completed by Referee

The above named applicant is applying for a programme in the postgraduate school, Cyberjaya University College of Medical Sciences and has named you as a referee. We would be grateful if you could provide us with a reference on the applicant's academic and/or general suitability to undertake the proposed programme of study.

It would be of great assistance if you could comment on the applicant's previous academic achievement, as well as any strengths and weaknesses. In addition, we would appreciate your opinion on the applicant's standard of proficiency in written and oral English.

Thank you for your assistance. Please be assured that your reply will be treated in strictest confidence by the University. Please return this form to the address stated behind the form with your signature across the seal to ensure confidentiality. Any further enquiries please feel free to call 03-8313 7000 or 8313 7091

Name : _____ **Position/Title** : _____
Address : _____ **Organization** : _____
 _____ **Contact No** : _____
Postcode : _____ **Fax No** : _____
State : _____ **Email Address** : _____
Country : _____

REFEREE'S REPORT

1) How long have you known the applicant? (No. of years) _____

2) What was your relationship with the applicant? _____

3) In your opinion is the applicant ready for graduate work? (Yes or No and Why)

4) How do you rate the applicant on each of the following? (please tick)

	Excellent	Very Good	Good	Average	Poor	Unable to rank
Intellectual Ability						
Maturity and Emotional Stability						
Motivation						
General Knowledge						
Initiative						
Team Player						

Responsibility						
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Your recommendation : Recommended Not Recommended

General Comments : _____

Date : _____ Referee's Signature & Official Stamp : _____

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ADMISSION UNIT,
 CYBERJAYA UNIVERSITY COLLEGE of MEDICAL SCIENCES
 Main Campus
 No. 3410 Jalan Teknokrat 3,
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