



SHORT COURSE APPLICATION FORM

I wish to apply forTick [✓] where applicable

LCCI English

IT Software Application

UBS Computerized Accounting

Computer Maintenance & Repair

**INSTITUT
KOJADI**

Student ID: -

SECTION 1: PERSONAL INFORMATION (PLEASE USE BLOCK LETTER) Tick [✓] where applicable

Name: _____ NRIC: _____ Age: _____
(as in IC / Passport) (for Malaysian applicant only)

Race: Chinese Indian Malay Others Religion: _____ Nationality: _____

Marital Status: Single Married Gender: Male Female Passport No.: _____
(for International applicant only)

Mailing Address: _____

Company Name (if any) : _____ E-mail: _____

Contact No.: (Handphone) _____ (Home) _____ (Office) _____

SECTION 2: ACADEMIC QUALIFICATION & WORKING EXPERIENCE

Please list all qualifications that you have attained

Qualification(s)	From (Year)	To (Year)	Name of School or College attended
(a) SPM / SPMV			
(b) STPM / A-Level / UEC			
(c) Certificate / Foundation			
(d) Others: _____			

Working Experience(s): Types of Work	Position	Name of Company	Industry

SECTION 3: PRELIMINARY INFORMATION Tick [✓] where applicable

How do you know about us?

Newspaper Advertisement _____ Education Fair _____ Banner / Leaflet

Telemarketing Others _____ Friends / Introducer Name: _____

SECTION 4: DECLARATION BY APPLICANT

I hereby declare that the information provided and document submitted in connection with this application is true and correct. I fully understand:

1. The conditions of registration and the payment of fees policies, especially regarding payment of tuition fees are non-refundable except for the deposit.

2. Agree to abide and comply with all the rules, regulations and lawful instructions of Kojadi Institute.

3. Kojadi Institute reserves the right to change the Institute's policies, programmes and fees at its discretion without prior notice.

(Tick [✓] to confirm all the required documents have been attached)

1 certified copy of all relevant academic qualifications / examinations

1 copy of Identity Card / passport

Please return your completed application form with payment of Registration fees, Refundable Deposit and the above required documents to Kojadi Institute, M01, Mezzanine Floor, Wisma MCA, 163, Jalan Ampang, 50450 Kuala Lumpur.

Tel No.: 603-2166 8211 Fax: 603-2166 7211 Website: www.ki.edu.my E-mail: enquiry@ki.edu.my

Applicant's Name & Signature: _____ & _____ Date: _____
(Name) (Signature)

SECTION 5: OFFICE USE ONLY

Remark: _____

Counseled / Enrolled by : Name: _____ Signature: _____ Date: _____

Application processed by : Name: _____ Signature: _____ Date: _____