



Please attach recent passport-size photograph here

POSTGRADUATE APPLICATION FORM (MASTER)

Note: Please tick [✓] the appropriate box.

A. GENERAL DETAILS

SEMESTER ENROLLMENT

Semester: FEBRUARY
 MAY
 SEPTEMBER

Sesion: /

PUSAT PENGAJIAN	* TANDAKAN (/) PILIHAN ANDA
Langkawi	
KL	
Ipoh	
Melaka	
Kota Bharu	
Johor Bahru	
Pulau Pinang	
Pahang	
Miri	
Kota Kinabalu	
Kuching	
Sibu	

PROGRAM OFFER

*PLEASE TICK (/) ONE	PROGRAM CODE	PROGRAM STUDIES
		Master of Public Management
		Master of Science (Managerial Communication)
		Master of Commercial Law
		Master of Science (Strategic Studies)
		Master of Islamic Business Studies
*		Master of Science (Educational Management)
		Master of Science (Principalship)
		Master of Education (Med.)

Programs to be offered are subject to ads issued for each academic session.

Income (monthly) :

Employer Address (if applicable):

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Postcode:

State:

Phone no: -

C. ACADEMIC INFORMATION

i. **Diploma / Degree / Master** (if applicable) and field:

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Year of graduate :

Institution :

CGPA :

ii. **Diploma / Degree / Master** (if applicable) and field:

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Year of graduate :

Institution :

CGPA :

(*attach the copy of Diploma / Degree / Master as proof of academic qualification)

D. CONTACT'S PERSON

Name :

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Address:

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Postcode:

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 State:

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Phone No.:

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 Relationship: _____

E. ENGLISH LANGUAGE (*applicable for international students only)

IELTS / TOEFL

Cert date :

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Result IELTS / TOEFL :

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IELTS / TOEFL

Cert date :

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Result IELTS / TOEFL :

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F. WORKING EXPERIENCE

No.	Position	Name and Address	Date of Service			Reason	
			From	Till	Period of Service		
					Year		Month

Years of Service :

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G. ACADEMIC REFEREE (Name two [2])

The academic referees must comprise of those who know the applicant in terms of his/her academic performance [e.g.: Dean, Lecturer, Employer] and should not have any personal acquaintances or relatives

1) Name : _____

Address :

Tel. No : _____

Official Position: _____

2) Name : _____

Address :

Tel. No : _____

Official Position: _____

H. FINANCIAL SUPPORT

Please tick [✓] the appropriate box

Scholarship Study Loan Self

I. DECLARATION

I hereby certify that the above information and documents enclosed is true and complete. Universiti Utara Malaysia reserves the right to reject this application if the information given is false and/or incomplete.

Applicant's Signature

Date

J. OFFICE USE ONLY

Please tick [✓] the appropriate box

Application : Accepted Rejected

Justification:

Officer's Signature

Date

REFEREE REPORT (1)

This report is **CONFIDENTIAL** and must be sealed by the referees and forward the envelope to the applicant to be submitted together with the application form

PART A : TO BE COMPLETED BY THE APPLICANT

Name : _____

Programme of Studies : _____

Place of Studies : _____

PART B : TO BE COMPLETED BY THE REFEREE

Name : _____

Official Position : _____

Employer's name and address:

Tel. No. : _____ Fax No. : _____ E-mail : _____

a. How long have you known the applicant? _____

b. How do you know the applicant? _____

c. What is your relationship to the applicant? _____

d. Do you believe that the applicant is prepared for graduate work?

[] Yes [] No

e. What do you think are persona traits of the applicant that will enable him/her to pursue postgraduate study?

* Please tick (✓) whichever appropriate

f) How do you rate the applicant on each of the following? Please tick ✓ whichever appropriate.

	Excellent	Very Good	Good	Average	Poor
i. Intellectual ability					
ii. Maturity and emotional stability					
iii. Motivation					
iv. General Knowledge					
v. Initiative					
vi. Ability to cooperate					
vii. Responsibility					

Your Recommendation

[] Recommended

[] Not recommended

Referee's Signature

Date

REFEREE REPORT (2)

This report is **CONFIDENTIAL** and must be sealed by the referees and forward the envelope to the applicant to be submitted together with the application form

PART A : TO BE COMPLETED BY THE APPLICANT

Name : _____

Programme of Studies : _____

Place of Studies : _____

PART B : TO BE COMPLETED BY THE REFEREE

Name : _____

Official Position : _____

Employer's name and address:

Tel. No. : _____ Fax No. : _____ E-mail : _____

f. How long have you known the applicant? _____

g. How do you know the applicant? _____

h. What is your relationship to the applicant? _____

i. Do you believe that the applicant is prepared for graduate work?

[] Yes [] No

j. What do you think are persona traits of the applicant that will enable him/her to pursue postgraduate study?

* Please tick (✓) whichever appropriate

f) How do you rate the applicant on each of the following? Please tick ✓ whichever appropriate.

	Excellent	Very Good	Good	Average	Poor
iii. Intellectual ability					
ix. Maturity and emotional stability					
x. Motivation					
xi. General Knowledge					
xii. Initiative					
iii. Ability to cooperate					
iv. Responsibility					

Your Recommendation

[] Recommended

[] Not recommended

Referee's Signature

Date

APPLICATION CHECK LIST

Please tick ✓ in the column for the documents which are enclosed

No.	Documents required	Tick <input type="checkbox"/>
1.	Proof of payment for processing fee amount RM150 payable to "UNIUTAMA EDUCATION AND CONSULTANCY" via Bank Islam Malaysia Berhad (SLIP BILL PAYMENT - 02093010007784) .	<input type="checkbox"/>
2.	Complete and signed application form	<input type="checkbox"/>
3.	Two (2) copies of recent colour photographs, and one is fixed to the application form	<input type="checkbox"/>
4.	Proof of working experience letter	<input type="checkbox"/>
5.	Certified copies of degree/equivalent qualifications, full academic transcripts, TOEFL/IELTS, and professional certificates.	<input type="checkbox"/>
6.	Certified copy of Identity Card	<input type="checkbox"/>
7.	Two (2) copies of referee form from two (2) referees.	<input type="checkbox"/>

NAME	
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PROGRAMME	
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COLLEGE	
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SIGNATURE	
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