POSTGRADUATE APPLICATION FORM
(MASTER)

Note:
Please tick [✓] the appropriate box.

A. GENERAL DETAILS

SEMESTER ENROLLMENT

Semester: [ ] FEBRUARY
[ ] MAY
[ ] SEPTEMBER

Session: [ ] [ ] [ ] [ ] [ ] [ ] / [ ] [ ] [ ] [ ] [ ]

PUSAT PENGAJIAN

* TANDAKAN ( / ) PILIHAN ANDA

<table>
<thead>
<tr>
<th>PUSAT PENGAJIAN</th>
<th>PILIHAN ANDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Langkawi</td>
<td></td>
</tr>
<tr>
<td>KL</td>
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<tr>
<td>Ipoh</td>
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<tr>
<td>Melaka</td>
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<td>Kota Bharu</td>
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<td>Johor Bahru</td>
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<td>Pulau Pinang</td>
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<td>Pahang</td>
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<td>Miri</td>
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<td>Kota Kinabalu</td>
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<tr>
<td>Kuching</td>
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<td>Sibu</td>
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</table>

PROGRAM OFFER

<table>
<thead>
<tr>
<th>#PLEASE TICK (✓) ONE</th>
<th>PROGRAM CODE</th>
<th>PROGRAM STUDIES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Master of Public Management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Master of Science (Managerial Communication)</td>
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<tr>
<td></td>
<td>Master of Commercial Law</td>
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<td></td>
<td>Master of Science (Strategic Studies)</td>
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<td></td>
<td>Master of Islamic Bussiness Studies</td>
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<tr>
<td></td>
<td>Master of Science (Educational Management)</td>
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<tr>
<td></td>
<td>Master of Science (Principalship)</td>
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<tr>
<td></td>
<td>Master of Education (Med.)</td>
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</tbody>
</table>

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

Full Name of Applicant:

Identification Card No:  Old:  Age:
New:     

Date of Birth:  Place of Birth:________________________

Religion:        Race:          Gender:  M / F  Nationality:____________________

Marital Status:____________________

Postal Address:

Postcode:  State:  

Phone No:  (House)
           (Office)
           (Mobile)

E-mail (if applicable):________________________
Income (monthly): 

Employer Address (if applicable):

Postcode: ___  State: ___  Phone no: ___  -  ___

C. ACADEMIC INFORMATION

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

Year of graduate: ___  Institution: ___

CGPA: ___

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

Year of graduate: ___  Institution: ___

CGPA: ___

(*attach the copy of Diploma / Degree / Master as proof of academic qualification)
D. CONTACT'S PERSON

Name:

Address:

Postcode: ___________________ State: ___________________

Phone No.: ___________________ Relationship: ___________________

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

IELTS / TOEFL

Cert date: ___________________- ___________________- ___________________

Result IELTS / TOEFL: ___________________

IELTS / TOEFL

Cert date: ___________________- ___________________- ___________________

Result IELTS / TOEFL: ___________________
### F. WORKING EXPERIENCE

<table>
<thead>
<tr>
<th>No.</th>
<th>Position</th>
<th>Name and Address</th>
<th>Date of Service</th>
<th>Reason</th>
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<tbody>
<tr>
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<td>From</td>
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<td></td>
<td></td>
<td></td>
<td>Year</td>
<td>Month</td>
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</table>

Years of Service: [___] [___]

### 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
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 personal 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.

<table>
<thead>
<tr>
<th>i. Intellectual ability</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
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</thead>
<tbody>
<tr>
<td>ii. Maturity and emotional stability</td>
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<td>iii. Motivation</td>
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<td>iv. General Knowledge</td>
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<td>v. Initiative</td>
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<td>vi. Ability to cooperate</td>
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<tr>
<td>vii. Responsibility</td>
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</tbody>
</table>

**Your Recommendation**

[ ] Recommended  [ ] Not recommended

---

Referee’s Signature  ___________________________________  Date  ___________________________
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 personal traits of the applicant that will enable him/her to pursue postgraduate study?
_____________________________________________________________________________________
_____________________________________________________________________________________

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

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
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<th>Good</th>
<th>Average</th>
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</table>

**Your Recommendation**

[ ] Recommended  [ ] Not recommended

__________________________  _________________________
Referee’s Signature        Date
# APPLICATION CHECK LIST

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Documents required</th>
<th>Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Proof of payment for processing fee amount RM1.50 payable to “UNIUTAMA EDUCATION AND CONSULTANCY” via Bank Islam Malaysia Berhad (SLIP BILL PAYMENT - 02093010007784)</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Complete and signed application form</td>
<td></td>
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<tr>
<td>3.</td>
<td>Two (2) copies of recent colour photographs, and one is fixed to the application form</td>
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<tr>
<td>4.</td>
<td>Proof of working experience letter</td>
<td></td>
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<tr>
<td>5.</td>
<td>Certified copies of degree/equivalent qualifications, full academic transcripts, TOEFL/IELTS, and professional certificates.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Certified copy of Identity Card</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Two (2) copies of referee form from two (2) referees.</td>
<td></td>
</tr>
</tbody>
</table>

**NAME**

**PROGRAMME**

**COLLEGE**

**SIGNATURE**