# International Student Application Form

Please use BLOCK LETTERS to complete this form:

<table>
<thead>
<tr>
<th>Programme:</th>
<th>Intake:</th>
<th>Year:</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Campus</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>SEGi University, Kota Damansara</td>
<td>SEGi College Kuala Lumpur</td>
<td>SEGi College Subang Jaya</td>
<td>SEGi College Penang</td>
</tr>
</tbody>
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## STUDENT PARTICULARS

<table>
<thead>
<tr>
<th>Name of Applicant (as per Passport)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name in Chinese (if any)</td>
</tr>
<tr>
<td>Passport No.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Passport Expiry Date (dd/mm/yy)</th>
<th>Date of Birth (dd/mm/yy)</th>
<th>Country of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Religion</th>
<th>Gender</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Single</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td>Married</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email</th>
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</thead>
</table>

SEGi University
Kota Damansara
No. 9, Jalan Tunku Abdul Rahman, Taman Impian Jaya, 55100 Kuala Lumpur, Malaysia.
Tel: +603 2635 1988
Fax: +603 2632 7500
Email: info@seg.edu.my

SEGi College
Kuala Lumpur
Bergamai SEG, 33235, Jalan Hang Buah, 58000 Kuala Lumpur.
Tel: +603 2635 0399
Fax: +603 2634 0579
Email: info@seg.edu.my

SEGi College
Subang Jaya
City Campus, Persiaran Kemerdekaan, U1, 45400, Subang Jaya, Selangor, Malaysia.
Tel: +603 8600 1898
Fax: +603 8600 3999
Email: info@seg.edu.my

SEGi College
Penang
Wisma Gurney, Jalan Owen, 10200 Penang.
Tel: +604 263 3968
Fax: +604 262 2193
Email: info@seg.edu.my

SEGi College
Sarawak
21, Jalan Suk Mala Kuching, 91900 Kuching, Sarawak.
Tel: +6082 272 566
Fax: +6082 225 725
Email: info@seg.edu.my

www.segi.edu.my
International Student Application Form

CONTACT ADDRESS WHILE STUDYING IN MALAYSIA

Address
Tel
Fax

Postcode
City
State
Country
Mobile Phone

PERMANENT HOME ADDRESS AT COUNTRY OF ORIGIN (for correspondence purpose)

Address
Tel
Fax

Postcode
City
State
Country
Mobile Phone

PARENT/GUARDIAN/SPONSOR PARTICULARS (in case of emergency)

Full name Parent / Guardian
Email

Correspondence Address
Tel
Fax

Postcode
City
State
Country
Mobile Phone

QUALIFICATIONS

School/Institution/University
Qualification
From
To

WORK EXPERIENCE (if any)

Company
Position
From
To

DECLARATION

I declare that the information provided by me in connection with this application is true and correct. I undertake to inform SEGi College / SEGi University immediately of any change in address, phone number and/or other information provided by me in this application.

I understand that SEGi College / SEGi University reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information. I agree to be bound by the Terms and Conditions of the offer to study at SEGi College / SEGi University.

Signature of Applicant: ____________________________ Date: ____________________

ADMISSION PROCEDURES FOR SEGi

1. Complete this form.
2. SEGi International Student Application Form &
   University Form (if applicable).
3. 2 photocopies of passport (all pages including blank pages). Passport must have at least 18 months validity.

   *Please ensure that the front page and other information of the student is CLEARLY shown.
4. 6 recent passport size photographs with blue background (3.5cm x 5cm) with name and passport number written on the reverse side.
5. Certified true copies of applicant’s academic qualification(s) in original language and English translated version.
6. Certified copy of evidence of your English language proficiency (if applicable).
7. Completed Medical report.
8. To claim for exemption: provide Transcript and Syllabus / Course outline of your previous qualification(s).
9. Application processing fees of USD700 / RM2000 (registration and visa processing fees, visa bank draft or TTF, should be made payable to relevant campus bank as given below).
10. Writeup of 150 words of work experience and curriculum vitae (if applicable) for MBA / DMA applicants.

ACCOMMODATION REQUIRED

Please fill in Accommodation Booking Form and submit with necessary booking fees to confirm a place.
Subject to availability.

Yes
No

BANK DETAILS

SEGi University, Kota Damansara
Beneficiary Name: SEGi University Sdn Bhd
Beneficiary Bank Account Number: 707-715-00595 (OCBC Bank)
Bank Name: OCBC Bank (M) Bhd (Klang Jaya Branch) Selangor, Malaysia
Swift Code: OCBCMYXX

SEGi College, Kuala Lumpur
Beneficiary Name: SEGi College (KL) Sdn Bhd
Beneficiary Bank Account Number: 308-386-9616
Bank Name: Public Bank Berhad (Hiang Lee Branch) Kuala Lumpur, Malaysia
Swift Code: PBBEMYXX

SEGi College, Subang Jaya
Beneficiary Name: SEGi College (Subang Jaya) Sdn Bhd
Beneficiary Bank Account Number: 708-040-9737
Bank Name: OCBC Bank (M) Bhd (Subang Jaya Branch) Selangor, Malaysia
Swift Code: OCBCMYXX

SEGi College, Penang
Beneficiary Name: SEGi College (Penang) Sdn Bhd
Beneficiary Bank Account Number: 730-110-2206
Bank Name: OCBC Bank (Malaysia) Berhad, 36 Lebuh Pantai, 10300 Penang
Swift Code: OCBCMYXX

SEGi College, Sarawak
Beneficiary Name: SEGi College (Sarawak) Sdn Bhd
Beneficiary Bank Account Number: 760-106-8552
Bank Name: OCBC Bank (M) Bhd (Kuching Branch) Sarawak, Malaysia

FOR OFFICE USE ONLY

Counter signed by: ____________________________ Date: ____________________

Remarks:

Please send the Visa Approval Letter (VAL) to:
Name of student / Agent Representative: ____________________________________________
Address: ____________________________________________
__________________________________________ Post Code: ________________________
__________________________________________
Country: ____________________________________________ Tel: ____________________ Email: ________________________

ADMISSION

Approved by: ____________________________ Date: ____________________

Full Offer
Conditional Offer
Reject

Remarks & Recommendations

BURSARY (Fees paid are Non-Refundable)

Fees Paid
Amount
Cheque No.
Cash
Telegraphic Transfer
Credit Card

Processed by: ____________________________ Date: ____________________

Signature of Applicant: ____________________________ Date: ____________________