



KINGS
COLLEGE

(KP (JPS) 5195/IPTS/954/JILID II)

[ATTACH RECENT
PHOTO]

Size:3.5cm x 5.0cm

APPLICATION FORM

International Students

Application Guidelines:

Please email a set of the following documents to contact@kingscollege.edu.my.

- Read the Application Form & instructions before proceeding to fill-out the form
- Prepare Student Visa Application Fee to obtain Visa Approval Letter (Refer to Admission to Kings College Procedure)
- All remittances should be to **KLA CONSULTANCY SDN BHD** (Refer to Payment Instructions)
- Five (5) copies of passport-sized photographs (White/Blue background) with name and passport number written on the reverse side;
- A color copy of passport (all pages, including blank pages-the passport must have a validity period of at least 12 months)
- Letter of Attestation from the Notary Public /Embassy Officers in support of any discrepancies (e.g Name or Date of Birth as on passport or academic transcript)
- Health Declaration Form
- Certified true copies of all academic results translated to English if required

Failure to comply with these procedures may result in a delay in processing this application.

Course Preference:

Course: Please tick (√)

- () A-Levels
 () ACCA
 () Diploma in Accounting
 () Diploma in Marketing
 () Diploma in Business Administration
 () Diploma in Information Technology
 () Diploma in Hotel Management
 () Others: _____

Intake (Month):

Year:

Application:

- New Student
 Transfer Student
 Change Course

Personal Particulars

Full Name (as in PASSPORT):	
Passport No:	Passport Expiry Date:
Date of Birth (DD/MM/YY):	Age: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
Nationality:	Country:
Tel. No (House):	Tel.No (Mobile):
Correspondence Address:	
Home Country Address :	
Email:	

Emergency Contact

Next of Kin (Name):	Relationship:
Phone No:	Email:
Address:	

Academic/Professional Qualifications

Year	Qualification	Name of School/College	Results

(Enclose all relevant documents to support the qualifications)

English Language Proficiency

Year	Qualification	Name of School/College	Results

Please give details of any English Language Qualification you have obtained e.g IELTS/TOEFL (If Applicable)

Financial Resources

Self-Funding Scholarship Others (please specify): _____

Accommodation

Required Not Required

Payment Instructions

Account Name	:	KLA CONSULTANCY SDN BHD
Account Number	:	311-822-9103
Swift Code	:	PBBEMYKL
Bank Name	:	Public Bank
Bank Address	:	Public Bank – H S Lee Branch Lot G 01, Plaza First Nationwide, No 161, Jalan Tun H.S. Lee, 50000 Kuala Lumpur, Malaysia

Please scan and email the bank-slip after transaction made. Name of student and I/C should be written on the reverse side of the slip. Slip can be emailed to contact@kingscollege.edu.my. (Cash payment payable at the Finance Department)

Note: Registration fees paid are not refundable. Please refer to the refund policy for other fees paid

Declaration

- A. I agree to comply with the Kings College Policies; Students' Rules & Regulations, Refund Policy, including those made by the schools/department and authorized officers of the College, if my application is accepted. (A copy of the Regulations can be obtained from the College)
- B. I declare that the information provided by me in this application form is true and correct. I accept that the submission of incorrect information or documentary evidence may result in the termination of my registration as a student.
- C. I acknowledge that the College shall be deemed to have notified me in writing if any correspondence is posted to the most recent mailing address that I have provided. I shall notify the College in writing, for any change of address or other personal details.
- D. I understand that I am liable for payment of all fees connected with the course I am applying for. I understand that a failure to pay any outstanding fee by the due date may lead to the termination of my registration.
- E. I agree to the College releasing my examination results and progress reports to my parent(s), guardian(s) and/or sponsor(s).
- F. I authorize the College to release my personal details retained by the College to government regulatory or enforcement agencies and bodies of Malaysia or of my country of origin/nationality in satisfaction, if any legal requirement stipulated under any written law currently in force in Malaysia or in my country of origin/nationality, or pursuant to any legal investigation in Malaysia or in my country of origin.
- G. I understand that I will not be registered as a student until a place is offered to me by the College and I fulfill all requirements of registration, including the payment of fees

The submission or acceptance of this application does not create any legal relationship between the applicant and the College.

Signature of Applicant

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Date

Declaration by parent(s)/guardian if applicant is below 21 years of age

I, _____ hereby agree to pay all fees due on the dates stipulated by Kings College. Kings College has the right to bar my child/ward from attending class. I have also read and understood the Conditions of Enrolment and agree to the terms as laid out. I hereby apply for his/her admission to Kings College as a student and I undertake to pay the full cost of this program.

Signature of Parents/Guardian

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Date

POLICY ON FEES / REFUND OF FEES

Refund Circumstances	Refund Amount
If written notice of cancellation of enrolment is received by Kings College at least 30 days prior to the commencement date.	Admission Fees : Non- Refundable Tuition Fees : 100% Refund
If it is received prior to but less than 30days before the teaching period commencement date.	Refund equal to 50% of Fees paid for the semester. Registration fees is not refundable
If a student cancels enrolment on or after the semester commencements date.	No refund of the Tuition fees.
If a student does not return from Leave of Absence or Deferment, and does not enrol by the due date.	No refund of the tuition fees, EXCEPT in special Circumstances on compassionate grounds.

Marketing & Counselling Centre

Introduce/Recommended by: _____	Document: Complete <input type="checkbox"/> Required (Please specify): 1. 2. 3.	Counselled By _____ Signature & Stamp Name: Date:
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Finance Department

Remittance Received, <input type="checkbox"/> Bankers Cheque / Bank Draft No: _____ <input type="checkbox"/> Cash : RM _____ <input type="checkbox"/> Others: _____	_____ Signature & Stamp Name: Date:
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International Student Admission Department

Documents : Complete <input type="checkbox"/> Required (please specify) _____ Remarks:	_____ Signature & Stamp Name: Date:
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Academic Selection Committee

Accepted <input type="checkbox"/> Conditional Acceptance <input type="checkbox"/> KIV <input type="checkbox"/> Rejected <input type="checkbox"/>	_____ Signature & Stamp Name: Date:
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Please return this form to:
MARKETING & COUNSELLING CENTRE
 Kings College
 Level 7, Faber Imperial Court,
 Sheraton Imperial Hotel KL
 Jalan Sultan Ismail,
 50250 Kuala Lumpur, Malaysia

For more information please contact:
 Tel: +603-2026 7401, +03-2026 7402
 Fax: +603-203103043
 Web: www.kingscollege.edu.my
 Email: contact@kingscollege.edu.my