



UNIVERSITI
MALAYSIA
KELANTAN

UMK/B01.00/01/2022 Pind. 1

TARIKH KUATKUASA: 07 Jun 2022

INTERNATIONAL UNDERGRADUATE APPLICATION FORM

ACADEMIC ADMINISTRATION DIVISION

Please complete ALL sections of this form clearly AND ACCURATELY. If you not complete this form, your application is considered not complete and will be rejected. Please email your completed application and supporting documents to admission.intake@umk.edu.my

A. COURSE SELECTION

CHOICE OF PROGRAM

Please write the program code according to your choice of preferences. Please refer attachment for the course code and course name.

Choice 1		Choice 2		Choice 3	
ENROLLMENT INTAKE Please tick (/) the enrollment that you prefer*		Sept Intake :	Feb Intake :	YEAR	

B. PERSONAL DETAILS

Please write all the information with capital letter.

FULL NAME As in passport					
PASSPORT NO		PASSPORT EXPIRY DATE (DDMMYY)			
PASSPORT PLACE AND DATE OF ISSUE			NATIONALITY		
COUNTRY OF BIRTH		GENDER		AGE This year	
DATE OF BIRTH		MARITAL STATUS		RELIGION	
PERSONAL EMAIL ADDRESS			MOBILE NUMBER Include country code		
PERMANENT POSTAL ADDRESS					
POSTAL CODE			COUNTRY		
PHYSICAL DISABILITY (If physically disabled, please state the nature of disability)					

MEDICAL RECORD (Please state medical history which may be of concern)	
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C. FAMILY DETAILS

NAME OF PARENT/ GUARDIAN			
RELATIONSHIP		PERSONAL MOBILE NUMBER Include country code	
OCCUPATION		EMAIL ADDRESS	
PERMANENT POSTAL ADDRESS			
POSTAL CODE		COUNTRY	

NAME OF PARENT/ GUARDIAN			
RELATIONSHIP		PERSONAL MOBILE NUMBER Include country code	
OCCUPATION		EMAIL ADDRESS	
PERMANENT POSTAL ADDRESS			
POSTAL CODE		COUNTRY	

D. ACADEMIC QUALIFICATION

Please attach true copies of the certificate.

SCHOOL NAME			
ACADEMIC EDUCATION Please tick '/' which necessary			
GCE 'O' Level :	A – Level:	Int Baccalaureate (IB):	Others:
MONTH/YEAR COMPLETED		RESULTS Please tick '/' which necessary	Actual: Forecast:

SUBJECT	GRADE	SUBJECT	GRADE
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10	

SCHOOL NAME				
ACADEMIC EDUCATION Please tick '/' which necessary				
GCE 'O' Level :	A – Level:	Int Baccalaureate (IB):	Others:	
MONTH/YEAR COMPLETED		RESULTS Please tick '/' which necessary	Actual:	Forecast:

SUBJECT	GRADE	SUBJECT	GRADE
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10	

E. ENGLISH LANGUAGE QUALIFICATIONS Please attach true copies of the certificate.		
DOES ENGLISH IS YOUR COUNTRY OFFICIAL LANGUAGE? Please tick '/' where necessary. If 'Yes' Please attach a letter/ proof/ certificate regarding this matter.	Yes :	No :
DOES ENGLISH IS YOUR INSTITUTIONS/SCHOOL MEDIUM OF INSTRUCTIONS? Please tick '/' where necessary. If 'Yes' Please attach a letter/ proof/ certificate regarding this matter.	Yes :	No :

EXAMINATION	GRADE	DATE TAKEN
1. Test Of English As Foreign Language (TOEFL)		
2. International English Language Testing System (IELTS)		
3. Malaysian University English Test (MUET)		
4. English 1119		
5. 'O' Level English		
6. Secondary School		
7. Others (Please Specify)		

F. APPLICATION EXEMPTION

Please attach the required documents.

SCHOOL NAME		
QUALIFICATION HELD	SUBJECT APPLIED FOR EXEMPTIONS	

G. EXTRACURRICULAR ACTIVITIES

GAMES/SOCIETY	YEAR	ACHIEVEMENT

H. FINACIAL RESOURCES

DO YOU HAVE ANY SPONSORSHIP

Please tick '/' where necessary. If 'Yes' please write the details of your sponsor.

Yes :

No :

NAME OF SPONSOR

RELATIONSHIP

PERSONAL MOBILE NUMBER

Include country code

OCCUPATION

EMAIL ADDRESS

CORRESPONDENCE ADDRESS

POSTAL CODE

COUNTRY

I. REFEREES

Give names and address of two senior professional persons acquainted with your academic work, can be ask to write your academic qualifications and general suitability to undertake the course for vouching which you are applying.

REFEREES 1

REFEREES 1

Name of Referees

Office Address

Occupation / Position

Telephone Number

J. EMERGENCY CONTACT INFORMATION

NAME OF PERSON

RELATIONSHIP

PERSONAL MOBILE NUMBER

Include country code

CORRESPONDENCE ADDRESS

POSTAL CODE		COUNTRY	
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K. OTHERS

HOW DID YOU APPLY Please tick '/' which necessary	Agent :	UMK International Office :	Academic Admission Division (AAD):	
IF YOU APPLY THROUGH AN AGENT, PLEASE STATE				
AGENT'S NAME				
AGENT'S EMAIL ADDRESS				
AGENT'S ADDRESS				
POSTAL CODE		COUNTRY		
WHERE DID YOU LEARN ABOUT US Please tick '/' which necessary	Friends :	Agent :	Family Member :	Advertisement:
Social Media :	Websites :	Others :		

L. DECLARATION

I, _____ HEREBY DECLARE THAT, ALL INFORMATION IN THIS FORM IS COMPLETE AND CORRECT. I ALSO AGREE TO ABIDE BY THE UNIVERSITY MALAYSIA KELANTAN POLICIES, RULES AND REGULATIONS AT ALL TIMES, INCLUDING PAYMENT OF ALL FEES DONE WITHIN THE STIPULATED TIME.

1. I UNDERSTAND AND ACCEPT THAT THE UNIVERSITY MALAYSIA KELANTAN HAS THE RIGHT TO AMEND OR ADD TO ALL EXISTING POLICIES, FEES, RULES AND REGULATIONS AS IT DEEMS FIT.
2. I UNDERSTAND AND ACCEPT THAT THE UNIVERSITY MALAYSIA KELANTAN HAS THE RIGHT TO REVISE FEES AND ALL RULES BY GIVING ONE MONTH'S ADVANCE NOTICE.

APPLICANT'S SIGNATURE

PARENT/ GUARDIAN/S SIGNATURE

DATE:

DATE:

Note: If applicant is under 18 at time of application, the Universiti Malaysia Kelantan will undertake to act on their behalf during emergencies.

M. CHECKLIST

Please provide the following documents. Please tick '/' which necessary.

	YES	NO
1. APPLICATION FEE OF MYR 80.00 EXCLUDING BANK CHARGE (NON REFUNDABLE*) Please make Bank draft & TT transaction payable to 'UNIVERSITI MALAYSIA KELANTAN'. Please attach Proof of Payment**	<input type="checkbox"/>	<input type="checkbox"/>
2. ONE (1) PASSPORT TYPE PHOTOGRAPH*	<input type="checkbox"/>	<input type="checkbox"/>
3. ONE (1) COPIES OF PASSPORT ALL PAGES* Including blank pages	<input type="checkbox"/>	<input type="checkbox"/>
4. CERTIFIED TRUE COPIES OF ALL RELEVANT ACADEMIC TRANSCRIPT AND EXAMINATION RESULTS*	<input type="checkbox"/>	<input type="checkbox"/>
5. SCHOOL TESTIMONIAL / LETTER OF REFERENCE	<input type="checkbox"/>	<input type="checkbox"/>
6. IF FINANCED BY SCHOLARSHIP / STUDY LOAN, PLEASE ATTACH WRITTEN EVIDENCE	<input type="checkbox"/>	<input type="checkbox"/>
7. PERSONAL MEDICAL HEALTH REPORT Only if you suffer from a medical condition	<input type="checkbox"/>	<input type="checkbox"/>

* Please note that your application will be rejected if these documents are not attached.

** Please pay the processing fees through the payment as follows

ACCOUNT HOLDER NAME: UNIVERSITI MALAYSIA KELANTAN
ACCOUNT NUMBER: 553038019271
BANK'S FULL NAME: MALAYAN BANKING BERHAD (MAYBANK)
SWIFT CODE: MBBEMYKL
BANK ADDRESS: 5493 D & E, JALAN SULTAN YAHYA PETRA, 15200
KOTA BHARU, KELANTAN, MALAYSIA

APPLICATION DEADLINE

*For September Intake, the application dateline is from
1st January to 30th June.*

*For February Intake the application dateline is from
1st July to 30th November.*

N. RECOMMENDATION BY ACADEMIC ENTITY

To be filled by academic entity only

1. PLEASE TICK ‘/’ WHERE NECESSARY

RECOMMENDED

NOT RECOMMENDED

2. COMMENT (IF NOT RECOMMENDED)

SIGNATURE OF CHAIRMAN OF UNDERGRADUATE STUDY COMMITTEE

DATE:

VERIFIED BY:

SIGNATURE OF HEAD OF ACADEMIC ENTITY

