



UNIVERSITI TEKNOLOGI MALAYSIA

SUMMER COURSES

APPLICATION FOR ADMISSION

To complete this application on-line, go to www.utm.my/summercourses

IMPORTANT : IN ORDER TO BE CONSIDERED FOR ADMISSION YOU MUST COMPLETE THIS APPLICATION FORM AND SUBMIT THE FOLLOWING ITEMS: OFFICIAL TRANSCRIPT(S), APPLICATION FEE OF **MYR60 (USD20)** (NON-REFUNDABLE, CHECK OR CREDIT CARD MADE PAYABLE TO **SPACE, UNIVERSITI TEKNOLOGI MALAYSIA**)

PERSONAL INFORMATION		
LAST NAME :	FIRST NAME :	
SOCIAL SECURITY NUMBER / PASSPORT NO :	DATE OF BIRTH :	
STUDENT ID :	COUNTRY OF CITIZENSHIP :	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
CURRENT MAILING ADDRESS		
STREET :		
CITY:	STATE :	ZIP/POSTAL CODE :
COUNTRY:	EMAIL:	
TELEPHONE (HOME) : (including area / country code)	CELL PHONE :	
PERMANENT ADDRESS (IF DIFFERENT FROM PRESENT MAILING ADDRESS)		
STREET :		
CITY:	STATE:	ZIP/POSTAL CODE :
COUNTRY:	PHONE : <input type="checkbox"/> HOME _____ <input type="checkbox"/> MOBILE _____	
EMERGENCY NOTIFICATION INFORMATION		
LAST NAME :	FIRST NAME :	
STREET :		
CITY :	STATE:	ZIP / POSTAL CODE:
COUNTRY:	PHONE : (including area / country code)	
EMAIL:		



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ACADEMIC INFORMATION		
CURRENT SCHOOL :	GRADUATION DATE :	
MAJOR :		
CURRENT ACADEMIC STANDING :		
<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		
PROGRAM CHOICE		
Please indicate up to three programs in which you are most interested :		
FIRST CHOICE :	SESSION OR DATES :	YEAR :
SECOND CHOICE :	SESSION OR DATES :	YEAR :
THIRD CHOICE :	SESSION OR DATES :	YEAR :
* If your first choice is full, would you like to : <input type="checkbox"/> be waitlisted for your first choice? OR <input type="checkbox"/> be assigned to your second or third choice? (You will have the opportunity to discuss these options with your counselor)		
EXPERIENCE AND INTERESTS		
Please list any additional experience, internships, research or field experience, extra curricular activities or off-campus study		
<hr/> <hr/> <hr/>		
HEALTH INSURANCE : (Required for all students)		
NOTE : If you have any special medical, physical, religious, dietary or academic needs that UTM needs to be aware of in order to accommodate your participation, you should notify UTM. Without having the information at least 30 days prior to the commitment of a program, UTM cannot ensure appropriate support services for your needs.		
COSTS		
COURSE FEE	MYR 5,100	USD 1,550
NONREFUNDABLE APPLICATION FEE	MYR 60	USD 20
HEALTH INSURANCE	MYR 60	USD 20
TOTAL DUE	MYR 5,220	USD 1,590 (Approximate)



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PAYMENT		
Please be sure to check the authorization box below:		
<input type="checkbox"/> I authorize UTM to charge my credit card. <input type="checkbox"/> Check enclosed. Please make check payable to SPACE, Universiti Teknologi Malaysia.		
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
CARDHOLDER'S NAME :	AMOUNT :	
CARD NUMBER :	EXPIRATION DATE :	
<div style="border-top: 1px solid black; margin-top: 5px; text-align: center;"> _____ CARDHOLDER'S SIGNATURE </div>		
DATE :		
ACADEMIC REFERENCE		
Please provide the name and contact information of your reference.		
LAST NAME :	FIRST NAME :	
STREET :		
CITY:	STATE:	ZIP / POSTAL CODE:
PHONE : <small>(including area / country code)</small>	EMAIL:	
OCCUPATION :	SCHOOL / FACULTY :	
AGREEMENT		
I have read the program descriptions, including the admissions policies and procedures, and I feel that I would benefit from UTM program. I certify that all information I have provided in this form is correct and accurate to the best of my knowledge.		
<div style="border-top: 1px solid black; margin-top: 5px; text-align: center;"> _____ APPLICANT SIGNATURE </div>	(If applicant is under 18 years of age, parental approval is required.) <div style="border-top: 1px solid black; margin-top: 5px; text-align: center;"> _____ PARENT / GUARDIAN SIGNATURE </div>	
DATE :	NAME :	DATE :

Send To :

Dean, School of Professional and Continuing Education (SPACE UTM), Universiti Teknologi Malaysia,
40-50 Jalan Kebudayaan 1, Taman Universiti, 81300 Skudai, Johor, Malaysia

• Tel : (+607)-5216867 Fax : (+607)-5205725