



FACULTY OF ARTS & SOCIAL SCIENCES

Admissions Office Ref:

THE UNIVERSITY OF NOTTINGHAM
MALAYSIA CAMPUS 15th
ANNIVERSARY MBA EXCELLENCE
AWARD

Recent Photographs

Course applied to:

- MBA
- MBA Finance
- MBA CSR
- MBA Entrepreneurship

REMARKS

ACCEPT

1. _____
2. _____
3. _____

REJECT

1. _____
2. _____
3. _____

Approved / Rejected by (Head of School)
Date: _____

Approved / Rejected by (Faculty Dean)
Date: _____



Section A: Personal Details (PLEASE FILL IN BLOCK LETTERS)

Family Name:	First Name:
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
New IC No:	Passport No:
Race:	Nationality:
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated/Divorced <input type="checkbox"/>	
Correspondence Address: (Please note this is the address to which University will send all correspondence)	
Telephone (Home):	Mobile:
Email:	Fax:
Permanent Home Address (if different from correspondences address)	
Postcode:	

Section B: Academic Records

University Level Qualification

Name of Qualification:	Level BA/BSc:
Awarding Institution:	
Date of Award:	Grade/CGPA:
Scholarships/Prizes:	
Any Further Information:	



School Level Qualification

Name of Qualification:	
Awarding Institution:	
Date of Award:	Grade:
Scholarships/Prizes:	
Any Further Information:	

Professional Qualification

Name of Qualification:
Awarding Institution:
Date of Award:
Any Further Information:



Section C: Any further information relevant to application (work experience and achievements in particular)



Section D: Other Information

Have you ever been convicted by a court of law?

Yes

No

If YES, please elaborate.

Disabilities

Yes

No

If you have special needs owing to a disability or specify learning difficulty, please give details.

Section E: Declaration

DECLARATION BY APPLICANT

I hereby declare that the above information given by me in this form is correct and true to the best of my knowledge and I have not willfully suppressed any material facts. I fully understand and accept that at any time after it is found that a false declaration has been made in this form, the University have the absolute right to terminate my scholarship without any reason assigned.

Name: _____

IC No: _____

Signature: _____

Date: _____