

Direct Application for Admission to Foundation / Undergraduate Programmes at UoSM

Please return your completed form to:

- Admissions, University of Southampton Malaysia,
No.3, Persiaran Canselor 1, Kota Ilmu Educity @
Iskandar, 79200 Nusajaya, Johor, Malaysia
- Email to: admissions.malaysia@soton.ac.uk

Application Reference Number (Office Use Only)

Have you applied to the University of Southampton Malaysia before? Yes No

If Yes, what was your University of Southampton Malaysia ID number?

Nationality

Non Malaysian nationals only: Have you previously applied to other institutions in Malaysia? Yes No

If yes please give name(s)

Are you currently studying in any institution in Malaysia? Yes No

Have you previously held student pass approval from an institution in Malaysia? Yes No

If yes, what type of pass was held?

What was the expiry date (DD/MM/YY)

1. Personal Details

All names must be written as they appear in your passport

Title (Mr/Mrs/Miss/Ms/Dr)

Male Female

Surname of family name

Forenames in full

Date of Birth in full (DD/MM/YYYY)

NRIC/Passport Number

Country of Birth

Country of Permanent Residence

Home Address

Postcode

E-mail

Telephone

Mobile

Continued overleaf

2. Proposed Programme of Study

Please select study level

Foundation (April) Foundation (July) Foundation (September) Undergraduate (Sept/Oct)

Name of Programme

Proposed year of admission

3. Additional Needs (See Guidance Notes)

Please tick the relevant box if you have any of the following disabilities/medical conditions which might require special arrangements or facilities

- | | | |
|--|--|---|
| <input type="checkbox"/> 1 Learning Difficulty (Dyslexia) | <input type="checkbox"/> 5 Mental Health Difficulties | <input type="checkbox"/> 8 Disability/Medical Condition not mentioned above |
| <input type="checkbox"/> 2 Blind/Partial Sighted | <input type="checkbox"/> 6 Unseen Disability e.g. Diabetes | <input type="checkbox"/> 9 Autism Spectrum Disorder |
| <input type="checkbox"/> 3 Deaf/Hearing Impaired | <input type="checkbox"/> 7 Multiple Disabilities | <input type="checkbox"/> 10 Temporary Disability |
| <input type="checkbox"/> 4 Wheelchair user/Mobility Difficulties | | |

Are you registered disabled? Yes No

4. Current and Expected Qualifications for Entry

School

Qualification

Grade / Result (Top 6 Subjects)

Subject	Forecast Grade	Actual Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Expected Grade

Date to be awarded

Language of Instruction

5. Other education qualifications completed since your 11th year of schooling

School/College

Qualification

Subjects	Actual Results	Subjects	Actual Results	Subjects	Actual Results
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date Awarded

Language of Instruction

6. English Language Proficiency

Please complete this section fully and, if possible, enclose a copy of your English language certificate with the application form. Please note: as a condition of your offer, you may need to supply the original transcript. English language qualifications must date back no more than two years.

a. Do you consider English to be your first language? Yes No

b. Please provide details of the test date and outcome.

IELTS Scores: Overall Listening Reading Writing Speaking

Test Report Form (TRF) number (if known) Date

English Language 1119 Grade Date

IGCSE English Grade Date

Other English language qualification Title Score Date

c. Are you planning to take an English Language test? Yes No

If yes, please provide details of the planned test and date Date

If no, please note that you may be required to take an English Language test as a condition of entry.

7. Criminal Convictions

If you have a relevant criminal conviction, enter X in the box

8. Please tell us where you heard about the University of Southampton Malaysia?

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Agent | <input type="checkbox"/> School Counselor | <input type="checkbox"/> YouTube |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Facebook | <input type="checkbox"/> Recommended by a Friend/UoSM Student |
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Instagram | <input type="checkbox"/> Others, please specify _____ |
| <input type="checkbox"/> Poster | <input type="checkbox"/> Twitter | |

9. What made you choose us for your study?

- | | |
|--|---|
| <input type="checkbox"/> High-quality education and research | <input type="checkbox"/> Better career prospects after graduation |
| <input type="checkbox"/> Affordable cost of living | <input type="checkbox"/> Good surroundings and facilities |
| <input type="checkbox"/> Reasonable tuition fees | <input type="checkbox"/> Excellent support services for students |
| <input type="checkbox"/> Unique education experience (2+2 model) | <input type="checkbox"/> Others, please specify _____ |

10. Declaration - Unsigned application forms cannot be processed

By submitting this application form:

I declare that the information I have provided is accurate and no material information has been omitted. Any work submitted in support of this application is entirely my own. I consent to the University processing my application. I agree to abide by the University's rules and regulations, if accepted onto a course.

Date

11. Checklist

All applicants must submit:

- | | |
|--|--|
| <input type="checkbox"/> Completed all relevant sections of this form | <input type="checkbox"/> Enclosed any additional evidence (e.g. transcripts of studies) |
| <input type="checkbox"/> Enclosed English Language Certificate (if applicable) | <input type="checkbox"/> Contacted your referee and asked them to forward their reference to us you on your behalf |
| <input type="checkbox"/> Completed Section 7 relating to criminal convictions | <input type="checkbox"/> One photocopy of NRIC (Malaysian only) / |
| <input type="checkbox"/> Signed or ticked box in section 10 | <input type="checkbox"/> One photocopy of passport detail page (International student) |

12. Office Use Only

12.1 Agent

Counselor

Date

Event

12.2 UoSM

Counselor

Date

Event

Remarks: