



LINCOLN COLLEGE

KP (JPS) 5195/IPTS/1222/JLD.11 (4)

For Office use only

Program

Student Number

UNIVERSITY OF HUDDERSFIELD BACHELOR OF SCIENCE (HONS) NURSING PROGRAMME (PA9169)

Application For Admission

How to complete the form

1. Please write in BLOCK LETTERS and BLACK INK only.
2. Attach a certified true copy of actual results of High School Certificate/SPM/STPM/Diploma in Nursing , a copy of Nursing Board Registration and a photo copy of IC/Passport
3. Passport size colour photograph – 2 copies
4. Other supporting document for your application (where necessary)
5. Admission fee of RM 500.00 (non-refundable). Payment must be made by cash/cheque payable to LINCOLN COLLEGE

Please note that delays may occur in the processing of this application if the application is incomplete.

Please affix a
passport-sized
photograph

Applicant's Name _____
(same as IC/Passport)

Sex Male Female Date of Birth - -
day month year

Nationality _____ IC/Passport No.

Marital Status Single Married Others _____
(please specify)

Permanent Address _____

Postcode _____
City _____ State _____ Country _____

Tel. (House) _____ Tel. (Mobile) _____ Email _____
(Country code - area code - tel. no) (Country code – mobile no)

Correspondence Address _____
(if different with permanent address)

Postcode _____
City _____ State _____ Country _____

Tel. (House) _____ Tel. (Mobile) _____ Email _____
(Country code - area code - tel. no) (Country code – mobile no)

Father's/*Guardian's Name _____ Father's/*Guardian's Occupation _____

Mother's/*Guardian's Name _____ Mother's/*Guardian's Occupation _____

*Relationship with Guardian _____

Permanent Address of Guardian _____

Postcode _____
City _____ State _____ Country _____

Tel. (House)

(Country code - area code - tel. no)

Tel. (Mobile)

(Country code - mobile no)

Email

B. Academic Qualifications

Education School, College, University (Please provide documentary evidence)

Duration		FT or PT	School, College, University	Course studied with details of major studied and class of honors (if applicable)	Completed Yes / No
From YY	To YY				

YY – Year

FT – Full Time

PT – Part Time

C. Applicant's Declaration

I wish to be considered for admission to LINCOLN COLLEGE program, and I declare that to the best of my knowledge the information in this application and the documentation supporting it is correct and complete. I acknowledge that the provision of false or misleading information may result in non-acceptance of this application or immediate expulsion from the program. I authorize LINCOLN COLLEGE where necessary to obtain from any other educational institution evidence of my academic record or to seek other corroborating evidence with respect to my application. I also declare that I have provided certified copies of the documents indicated in the checklist.

Signature of Applicant

Date / /

Support of the manager (signature)

Date / /

Statement of Purpose

You must write how this programme is going to help you to achieve your professional objectives and the Nursing profession (Please write at least 200 words)

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Conditions of Enrolment

() Conditional Offer () Full Offer

Exemption (s):

Scholarship:

Enrolled By/Date:

Process by (Officer):

Approved by (Dir. of Operations):

Payment Details

Amount: RM Chq/ Draft/Cash

Receipt No.:

Received By:

Remarks:

Checked by (Registrar):

Approved by (Principal):