



LINCOLN UNIVERSITY COLLEGE

KPT/JPT/DFT/US/B33

For Office use only

Program

Student Number

UNIVERSITY OF HUDDERSFIELD POST REGISTRATION PROGRAMME(A9169)

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 UNIVERSITY 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

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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) <i>(Country code - area code - tel. no)</i>	Tel. (Mobile) <i>(Country code - mobile no)</i>	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 UNIVERSITY 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 UNIVERSITY 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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<p>Conditions of Enrolment <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Full Offer</p> <p>Exemption (s): Scholarship: Enrolled By/Date:</p> <p>Process by (Officer):</p> <p>Approved by (Dir. of Operations):</p>	<p>Payment Details</p> <p>Amount: RM Chq/ Draft/Cash Receipt No.: Received By: Remarks:</p> <p>Checked by (Registrar):</p> <p>Approved by (Principal):</p>