



# INTERNATIONAL STUDENT APPLICATION FORM



APPLICATION NO. :  
(for Office Use)

## DIPLOMA IN AIRCRAFT MAINTENANCE ENGINEERING TECHNOLOGY

(Please Complete This Form Clearly in Black Pen. Please Use CAPITAL LETTERS)

<b>A</b> <b>PERSONAL DATA</b>	NAME AS STATED ON PASSPORT :	_____		
	PASSPORT NO. :	_____	NATIONALITY :	_____
	DATE OF BIRTH :	_____	RELIGION :	_____
	PLACE OF BIRTH :	_____	STATE :	_____
	COUNTRY :	_____		
	CORRESPONDENCE ADDRESS :	_____		
	POSTCODE :	_____	STATE :	_____
	COUNTRY :	_____		
	PHONE NO. :	_____	EMAIL ADDRESS :	_____
	ADDRESS :	_____		
POSTCODE :	_____	STATE :	_____	
COUNTRY :	_____			
How do you intend to fund your studies? (Mark ✓ in the space of applied category)	Self	<input type="checkbox"/>		
	Family	<input type="checkbox"/>		
	Employer *	<input type="checkbox"/>		
	Sponsor *	<input type="checkbox"/>		
	* Name of Employer/Sponsor: _____			

<b>B</b> <b>PARENT'S / GUARDIAN'S/ SPONSOR'S DATA</b>	FULLNAME :	_____		
	RELATIONSHIP TO STUDENT :	_____	PASSPORT NO. :	_____
	PERMANENT ADDRESS :	_____		
	POSTCODE :	_____	STATE :	_____
	COUNTRY :	_____		
PHONE NO. :	_____	EMAIL ADDRESS :	_____	

<b>C</b> <b>EDUCATION BACKGROUND</b>	<input type="checkbox"/> O-LEVELS	<input type="checkbox"/> DEGREE	<input type="checkbox"/> CERTIFICATE / HIGHER SECONDARY EDUCATION	
	<input type="checkbox"/> A-LEVELS	<input type="checkbox"/> DIPLOMA		NAME OF SCHOOL / INSTITUTION : _____
	<input type="checkbox"/> OTHER (Please Specify) _____			STATE / COUNTRY : _____
				DATE OF GRADUATION : _____
	English Proficiency:			
<input type="checkbox"/> IELTS BAND :	_____			

<b>D</b> <b>DISABILITY/ CRITICAL ILLNESS</b>	Please indicate form of disability/critical illness, if any.	
	<input type="checkbox"/> I do not have any form of disability/critical illness	
	<input type="checkbox"/> Yes, please describe :	_____

<b>E</b> <b>ACCOMODATION</b>	<input type="checkbox"/> REQUIRED	<input type="checkbox"/> NOT REQUIRED

**F  
REFUND  
POLICIES AND  
PROCEDURES**

- 1) I hereby agree to submit my Application Form, Application Fee and all fees due to the Education Malaysia Global Services (EMGS) necessary for Visa Application processing. In the event that my application is rejected by the relevant Malaysian authorities, the aforementioned fees will not be refunded.
- 2) I have been advised to take a Pre-Arrival Medical Test to be submitted (with the Lab Test & Doctor's Reports) together with this application Form to certify that I am fit for the programme. I have been advised that this is a pre-caution to ensure that I meet Malaysia's Guidelines for certification of Foreign Student's Health which can be downloaded at [http://www.educationmalaysia.gov.my/our-services/by type of services/medical-screening-for-international-students](http://www.educationmalaysia.gov.my/our-services/by%20type%20of%20services/medical-screening-for-international-students) as a medical screening will be performed in Malaysia upon arrival by panel clinics/hospital before I am endorsed with a student visa. In the event I do not pass the medical screening, I understand that I will be required to return to my country.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**G  
DECLARATION**

- 1) I hereby declare that all information herein provided is complete, accurate and true to be the best of my knowledge.
- 2) I hereby agree that ADTEC Shah Alam reserves the right to vary or reserve any decision in respect of my application in the event that the said information is found to be false, incorrect or incomplete.
- 3) I hereby agree that in the event that ADTEC Shah Alam forfeit the said fees, I shall not have any claim of any kind against the Institute.
- 4) I hereby understand and/or agree that, all personal data information that are collected on this form and during my enrolment in order to ensure student compliance with the immigration obligation under Malaysian Immigration requirement generally, and the Institute can release the information provided to and not limited for the purpose of verifying qualification and checking references, financial standing, immigration status or any action similar or relevant in nature.
- 5) I acknowledge that all documents submitted become the property of ADTEC Shah Alam.
- 6) I hereby understand and agree that it shall be my responsibility to know and abide with all relevant and applicable rules and regulations of ADTEC Shah Alam.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**H  
CHECKLIST**

- |  |   |
|--|---|
| <input type="checkbox"/> COMPLETED STUDENT APPLICATION FORM                  | <input type="checkbox"/> 2 CERTIFIED TRUE COPY OF IELTS, 2 CERTIFIED TRUE COPIES OF HIGH SCHOOL RESULTS/TRANSCRIPT & CERTIFICATES (TRANSLATED COPIES ARE REQUIRED IF IT IS NOT IN ENGLISH LANGUAGE) |
| <input type="checkbox"/> MEDICAL EXAMINATION FORM & LAB TEST REPORT          | <input type="checkbox"/> LETTER OF DECLARATION FROM EMBASSY FOR DISCREPANCY OF NAME IN THE ACADEMIC TRANSCRIPT AND PASSPORT   |
| <input type="checkbox"/> 2 FULL SET COPIES OF PASSPORT (INCLUSIVE OF COVER)  | <input type="checkbox"/> RM2398.60 ADMISSION FEE  |
| <input type="checkbox"/> 4 PASSPORT SIZE PHOTOGRAPHS (WHITE BACKGROUND ONLY) |   |

**I  
FOR OFFICE USE  
ONLY**

- RM2398.60 APPLICATION FEE HAVE BEEN RECEIVED

INSTITUTE  
STAMP

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit the completed Student Application Form to :

**ADVANCED TECHNOLOGY TRAINING CENTER (ADTEC) SHAH ALAM**

**Student Affairs**

No.5934-1, Jalan Bukit Kemuning, Seksyen 32, 40460 Shah Alam Selangor Darul Ehsan, Malaysia  
Tel: 03-51612622 Fax: 03-51612651 Website : [www.adtecsa.gov.my](http://www.adtecsa.gov.my) Email : [info.adtecsa@jtm.gov.my](mailto:info.adtecsa@jtm.gov.my)