

LETTER APPLICATION FORM

STUDENT PARTICULARS

FULL NAME :

PASSPORT NUMBER :

NATIONALITY :

HANDPHONE NUMBER :

STUDENT ID NUMBER :

FACULTY :

PROGRAM :

TYPE OF STUDY : PART TIME / FULL TIME (*please underline*)

DURATION OF STUDY :

MONTH / YEAR OF REGISTRATION :

CURRENT SEMESTER :

DATE OF VISA EXPIRY :

DEPENDENT'S DETAIL:

HUSBAND / WIFE NAME :

PASSPORT NUMBER :

SON / DAUGHTER NAME :

PASSPORT NUMBER :

SON / DAUGHTER NAME :

PASSPORT NUMBER :

PLEASE COLLECT THE LETTER AFTER **THREE (3) WORKING DAYS**

SIGNATURE

DATE