



SWINBURNE
UNIVERSITY OF
TECHNOLOGY
SARAWAK CAMPUS

FIRST ENROLMENT 20__ __

Return this form in person to:

Student Information Centre (SIC), Building G, Level 1,
or

Return via post/fax to:

Student Information Centre (SIC), Swinburne University of
Technology

Sarawak Campus, Building G, Level 1, Jalan Simpang Tiga
93350 Kuching Sarawak, MALAYSIA

Facsimile: +06 82 260819



Instructions

1. Complete ALL UNFILLED areas in BLOCK LETTERS in black or blue pen. Both sides of this form must be completed.
2. Amend incorrect information by crossing it out and write correctly in pen.
3. Late Payment Penalty of RM200 will be charged if fees are not paid by the due date given by the University.

Preliminary Information

Have you ever studied at Swinburne? No Yes

PERSONAL DETAILS	
Title	Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>
Family Name/Surname	
Given/Other Name	
Do you prefer to use your family name first? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (DD/MM/YY)	/ /

CONTACT DETAILS	
Semester/Term Postal Address (All correspondence will be sent to this address)	
Number, Street	
Suburb or Town	
Postcode	State
Country	
Home Number	
Mobile telephone number	
Preferred daytime contact number	
Permanent Home Address (Leave blank if as above. International students please state your home country address)	
Number, Street	
Suburb or Town	
Postcode	State
Country	

PROGRAM CODE		PROGRAM TITLE	
Sem/ Term	Unit of Study Code	Unit of Study Title	Stage

Student ID Number

If yes, enter previous Student ID Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone Number	
EMERGENCY CONTACT In case of emergency the University should contact	
Title	Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>
Name	
Contact Number	
EMPLOYMENT DETAILS (Optional)	
Employer's Name	
Employer's Address	
Suburb or Town	
Postcode	State
Contact Number	
Fax Number	
CITIZENSHIP	
Proof of name provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of Citizenship/Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identification Number (Malaysian Permanent Residents Only)	
International Students (Non-Malaysian Residents)	
Name in Passport	
Passport Number	
Nationality	Visa Type

Student Enrolment Declaration

I declare that the information given in this form is, to the best knowledge, true, correct and complete.

I agree to be bound by the standards of conduct, statutes, regulations, policies and procedures of the University, including any variations to these that the University alter from time to time.

I understand that:

- My personal **information** will be collected and used for the purpose set out in the University policies.
- I understand that the University will correspond with me by electronic means.

I confirm that I have met the prerequisite requirements for the units which I am enrolling. I shall not hold the University or its officials to be liable or responsible for any errors made by me in the selection and enrolment of units.

Student Signature:	Date: / / (dd/mm/yy)
Program Manager/Advisor/Enrolling Officer Signature:	Date: / / (dd/mm/yy)

Program Fee Type	Status Code	Teaching Period	1 Semester 1
Timetable	Payment Schedule	Teaching Period 2	Term 1
Option Group	Status (FT or PT)	Teaching Period 3	Term 2
Program Stage	Substage	Teaching Period 4	Winter Term (WT)
Fee Category	Applied for RPL	Teaching Period 5	Semester 2
Target Category	Applied for Exemptions	Teaching Period 6	Term 3
Admission Code		Teaching Period 7	Term 4
Data Entry	Enrolment Entered	Initial	Date
	Statistics Entered	Initial	Date
			Teaching Period 8
			Summer Term (ST) A

The information on this form is used for statistical, planning and research purposes only. Please put a cross in the relevant box.

PERSONAL INFORMATION**1. Country of Birth**

Born in Malaysia

Born in _____

Year of arrival in Malaysia

2. Language spoken at Permanent Home Residence.**3. Citizenship & Residence.**

Malaysian citizen.

Student with temporary entry permit or is a diplomat or a dependent of a diplomat and resides in Malaysia during this enrolment.

None of the above categories or student is residing outside Malaysia during enrolment.

4. Do you have a disability, impairment or long term medical condition which may affect your studies?

Yes No

(Please note that this declaration will not be a disadvantage to your enrolment. This information is needed for statistical and planning purposes, and to provide you with information regarding disability support services.)

If yes, indicate the nature of your disability:

Hearing Visual Mobility

Learning Medical Others

If you have indicated a disability, impairment or long term medical condition, would you like to receive advice or support services, equipment and facilities which may assist you?

Yes No

If so please contact Student Services on Level 1 Building G prior to the beginning of classes to ensure that appropriate support is provided. International students do not need to complete this section.

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EDUCATIONAL HISTORY

What University, college or other post-secondary studies have you attempted?

PG: Post-graduate (eg. Higher degree, Masters, Graduate Certificate, Graduate Diploma)

Completed: Yes No
If completed, Year of Completion:

BD: Bachelor Degree (eg. Pass/Honours)
Completed: Yes No
If completed, Year of Completion:

DP: Diploma from a University, College
Completed: Yes No
If completed, Year of Completion:

CF: Foundation
Completed: Yes No
If completed, Year of Completion:

OA: Other Academic Award
Completed: Yes No
If completed, Year of Completion:

Year Left Secondary School
Completed Year 12: Yes No

09: No prior educational attainment

Privacy

Swinburne University of Technology Sarawak Campus collects uses and destroys personal information in accordance with our University's Policies.