



PETRONAS EDUCATION SPONSORSHIP PROGRAMME

APPLICATION FORM FOR UNDERGRADUATE PROGRAMME FOR FOREIGN STUDENT (NON-MALYSIAN CITIZEN)

INSTRUCTION

1. Please use only black or blue ink pen and write clearly using only CAPITAL letters.
2. Please ensure all sections are filled. Please indicate "NA" for any section that is not applicable to you.
3. Please enclose one (1) set of supporting documents that have been certified by any recognised authority bodies. These supporting documents will NOT be returned and remain as property of PETRONAS.

A. PROGRAMME OF CHOICE

PROGRAMME OF CHOICE

1.

2.

3.

B. PERSONAL INFORMATION

NAME :

PASSPORT/ID NO. :

GENDER : MALE FEMALE

NATIONALITY :

MARITAL STATUS : SINGLE MARRIED DIVORCED

DATE OF BIRTH (DD/MM/YYYY) :

PLACE OF BIRTH :

HOME ADDRESS :

TELEPHONE NO. :

MOBILE NO. :

E-MAIL ADDRESS :

C. FAMILY INFORMATION

	FATHER	MOTHER	GUARDIAN
NAME :	<input type="text"/>	<input type="text"/>	<input type="text"/>
PASSPORT/ID NO. :	<input type="text"/>	<input type="text"/>	<input type="text"/>
NATIONALITY :	<input type="text"/>	<input type="text"/>	<input type="text"/>

HOME ADDRESS

:

TELEPHONE NO.

:

MOBILE NO.

:

E-MAIL ADDRESS

:

OCCUPATION

:

RELATIONSHIP WITH GUARDIAN

:

D. ACADEMIC INFORMATION

HIGHEST QUALIFICATION (EXAMINATION)

:

YEAR OF EXAMINATION

:

NAME OF SCHOOL/COLLEGE/UNIVERSITY

:

EXAMINATION RESULTS

NO.	SUBJECT	GRADE/MARK
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

E. HEALTH INFORMATION

ARE YOU PHYSICALLY DISABLED?

NO

YES (PLEASE SPECIFY) :

HAVE YOU EVER BEEN DIAGNOSED OR IS CURRENTLY DIAGNOSE WITH ANY CRITICAL DISEASE?

NO

YES (PLEASE SPECIFY) :

F. DECLARATION

I hereby confirm that the information provided in this form are complete and true to the best of my knowledge and belief. I understand that by providing incomplete, incorrect or false information may result in the denial of my application and subject me to the requirements and/or disciplinary measures provided under PETRONAS' terms and conditions, and I shall have no claim against PETRONAS in relation thereto.

NAME

:

PASSPORT/ID NO.

:

SIGNATURE

:

DATE

: