UMK/A10/07/2022



REGISTRATION FORM FOR NEW STUDENTS (FIRST SEMESTER)

MALAYSIAN GRADUATE SCHOOL OF ENTREPRENEURSHIP & BUSINESS (MGSEB)

PART A (BASIC RECORD AND STUDENT'S ADDRESS)			
Name:			
IC No.:	Ma	atric No.:	
Faculty / Centre:			
Year / Study Programme:			
Gender:			
Race:	Et	thnicity:	
Country of Origin:			
Religion:			
State of Birth:	St	tate of Residence:	
Nationality:	Da	ate of Birth:	
District:	Ma	arital Status:	
Health Record:	 i. Blood Type: ii. Disease Suffered: iii. Disability: iv. Colour Blind: v. Stutter: vi. Drug Allergy: vii. If 'Yes', Please State: 		
Scholarship/Loan:			
Home Address:	F	ax No:	
Phone No:	E	mail:	

Sijil Pelajaran Malaysia (For local student only)						
School Name:						
Graduating Year:						
Bachelor Level						
Bachelor Name:						
Institution's Name:						
Field of Study:			Graduating Year:			
Duration of Study:	CGPA:					
Master Level (For Doctor of B	usiness Administratio	on Student	only)			
Master Name:						
Institution's Name:						
Field of Study:	Graduating Year:					
Duration of Study:	CGPA:					
Examination Results MUET / IELTS / TOEFL						
Year of Examination:	Re		Result:			
Part B (Co-Curriculum Details)						
Outside A	ctivity	Тур	be	Position		Level

Part C (Information Of Spouse/Parents/Guardians)*				
	Details	Spouse/Parents/Guardians Details*	Spouse/Parents/Guardians Details*	
1.	Name:			
2.	Relationship:			
3.	H/P No:			
4.	Email:			
5.	Occupation:			
6.	Position:			
7.	Income:			
8.	Liability:			
9.	Mailing Address:			
10	Phone No.:			
11	Office Phone No.:			

CONFESSION				
I declare that all information and details (including amendments) contained in this form are true. I will notify the University in the event of any change in the information above. My failure to do so, the effect is under my responsibility.				
Signature:		Date:		

For office use:

Accepted by:	
Signature by:	Date: