

1. APPLICATION CHECKLIST Please include the following items where applicable

<input type="checkbox"/>	Photocopy Identity card or 1st & Visa page of passport	<input type="checkbox"/>	Accreditation letter (MKPK)
<input type="checkbox"/>	2 pcs passport pictures	<input type="checkbox"/>	Permission letter from employee
<input type="checkbox"/>	Certified copies of academic qualifications	<input type="checkbox"/>	Job offer letter from employee

2. APPLICATION CHECKLIST Please mark (X) where applicable

COURSE APPLIED FOR:		Affix passport picture here	
FOUNDATION STUDIES			
<input type="checkbox"/>	Foundation in Information Technology		
<input type="checkbox"/>	Foundation in Business		
FACULTY OF INFORMATION TECHNOLOGY			
<input type="checkbox"/>	Bachelor of Science (Hons) in Information Technology		
<input type="checkbox"/>	Bachelor of Science (Hons) in Software Engineering with Multimedia		
<input type="checkbox"/>	Bachelor of Science (Hons) in Technopreneurship		
FACULTY OF BUSINESS		Mode of study	Intake
<input type="checkbox"/>	Bachelor of Business Administration (Hons)	<input type="checkbox"/> Day	<input type="checkbox"/> April
<input type="checkbox"/>	Bachelor of Business (Hons) in Accounting	<input type="checkbox"/> Evening	<input type="checkbox"/> September
FACULTY OF ARTS & HUMANITIES		How did you find out about us?	
<input type="checkbox"/>	Diploma in Graphic Design Technology	<input type="checkbox"/> Newspaper Advertising	
<input type="checkbox"/>	Certificate in Arts and Design	<input type="checkbox"/> Borneo Buletin	
FACULTY OF MULTIMEDIA & BROADCASTING		<input type="checkbox"/> Walk-in Inquiry	
<input type="checkbox"/>	Diploma in Multimedia, Advertising & Broadcasting	<input type="checkbox"/> Friends & Family	
<input type="checkbox"/>	Diploma in Interactive and Multimedia Design	<input type="checkbox"/> Open Day	
<input type="checkbox"/>	Diploma in Animation and Multimedia Design	<input type="checkbox"/> Education Fair / Expo	
<input type="checkbox"/>	Certificate in Electronic Media Production	<input type="checkbox"/> Social Media (Facebook, etc)	
		<input type="checkbox"/> Others	

3. PERSONAL INFORMATION Please complete in BLOCK LETTERS

Full name (as per local identity card)																					
Identity Card/Passport No.																					
Date of Birth (DD/MM/YYYY)																					
Gender	<input type="checkbox"/> Male										<input type="checkbox"/> Female										
Nationality											Race										
Religion											Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married									
Current Address																					
Mobile No.																					
Home No.																					
Permanant Address (If different from Current Address)																					
Home No.																					

3. PARENT / GUARDIAN INFORMATION Please complete in BLOCK LETTERS

Full name (as per local identity card)																									
Identity Card/Passport No.																									
Relationship																									
Nationality													Race												
Address																									
Mobile No.													Home No.												

4. ACADEMIC AND/OR PROFESSIONAL QUALIFICATIONS Please complete in BLOCK LETTERS where applicable

Post Graduate Degree/ Post Graduate Certificate/ Bachelor's Degree	Course name													Year							
	Institute name													CGPA / Class / Grade							
Higher National Certificate Diploma / Advanced Diploma/ Higher National Diploma	Course name													Year							
	Institute name													CGPA / Class / Grade							
Higher National Certificate Diploma / Advanced Diploma/ Higher National Diploma	Course name													Year							
	Institute name													CGPA / Class / Grade							
Skill Certificate Level 2 / Skill Certificate Level 3	Course name													Year							
	Institute name													CGPA / Class / Grade							
Other academic / professional qualifications	Course name													Year							
	Institute name													CGPA / Class / Grade							
<input type="checkbox"/> GCE A-levels																<input type="checkbox"/> GCE O-levels					

5. MEDICAL / HEALTH DECLARATION Please state medical issues / situations that the college administration has to be aware of.

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6. DECLARATION

I declare that all information given in this form and the documents attached are valid. I understand that giving false information would result in rejection of my application. With this, I hereby agree for Kolej IGS to check my qualifications whenever necessary. I also confirm that I have the original copies of the certificates and be able to produce them when requested.

Applicant's signature	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Parent's / Guardian's signature
Name	Date (DD/MM/YYYY)	Name										

6. FOR OFFICE USE ONLY

Application accepted	<input type="checkbox"/> Full Offer	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr></table>	1	2	3	4	5	6	7	8	Counselled by
1	2		3	4	5	6	7	8			
Semester admitted	<input type="checkbox"/> Foundation										
Conditions											
Exemptions				Date							
<input type="checkbox"/> Issue Offer Letter for April Intake	Registrar's Endorsement			Head of Faculty's Endorsement							
<input type="checkbox"/> Issue Offer Letter for September Intake											
Date	Date			Date							

Kolej International Graduates Studies, Blok Tengah, Kompleks Setia Kenangan, Lot 22083 Kiulap,
Mukim Gadong BE1518, Negara Brunei Darussalam.

Tel: +673-2238701 | Fax: +673-2238710 | Email: enquiry@igsbrunei.edu.bn | Website: www.igsbrunei.edu.bn

SECTION 3 PARENT / GUARDIAN INFORMATION

[illegible]

Relationship	
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Company Name & Address			
		Postcode	

Occupation		Office Tel. No:		
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E-mail		Office Fax No:		
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SECTION 4 ACADEMIC / PROFESSIONAL QUALIFICATIONS

Please list all School / College / Professional qualifications that you have taken **from Age 15** and their results.

Examination Date	Name of Examination	Name of School/College	Results

Please give details of any english language qualifications you have obtained e.g IELTS or TOEFL

Examination Date	Name of Examination	Results

SECTION 5 DECLARATION

We confirm that, to the best of our knowledge, the information given in this form is correct and complete. We have read the instructions, in particular those relating to this section. We understand what it says, and abide by the conditions set out there, which we accept as conditions of this application.

Applicant's Signature
Date

Parent / Guardian's Signature	
Date	

SECTION 6 ADMISSION REQUIREMENTS

Please attach the following when you submit the application

- 1 Completed Application Form
- 2 Certified copies of Academic Results relevant to entry requirements
- 3 Proof of English Language Proficiency e.g IELTS or TOEFL, if applicable
- 4 Photocopy of Identity Card or 1st Page & Visa Page in passport
- 5 1 Passport size photograph affixed on the application form
- 6 Portfolio consisting 3 pieces of Original Artwork, if applicable

Check List For Office Use

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY

Application Accepted ☐ Full Offer ☐ Conditional Offer

Semester Admitted

1	2	3	4	5	6	7	8	9	10
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Conditions

Credit Exemptions

Approved by:

English Requirements

Remarks

Counselled by

Name in Full

Date

Enrolled by

Name in Full

Date

Data Entered

☐ Letter of Offer Issued

Date

Please send the completed form to:

