

Program :

Application ID Number:

**APPLICATION FOR ADMISSION**

How to complete the form

1. Please write in BLOCK LETTERS and BLACK INK only.
2. Attach a certified true copy of actual results High School Certificate / SPM.
3. Passport size colour photograph – 2 copies
4. Other supporting document for your application ( where necessary).

Programme Applied:

Certificate     
  Foundation     
  Diploma     
  Degree  
 Master     
  Ph.D     
  Others:

Please affix a passport – size photograph

**A: PERSONAL DETAILS**

Applicant's Name: \_\_\_\_\_

Sex :  Male       Female      Date of Birth:

Nationality : \_\_\_\_\_ IC / Passport No. :

Marital Status :  Single       Married       Others : \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Tel (House) : \_\_\_\_\_ Tel (Mobile) : \_\_\_\_\_ Email: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel (House) : \_\_\_\_\_ Tel (Mobile) : \_\_\_\_\_ Email: \_\_\_\_\_

Father's / \*Guardian Name: \_\_\_\_\_ Father's / \*Guardian's Occupation: \_\_\_\_\_

Mother's / \*Guardian Name: \_\_\_\_\_ Mother's / \*Guardian's Occupation: \_\_\_\_\_

\*Relationship with Guardian: \_\_\_\_\_

Permanent Address of Guardian: \_\_\_\_\_

Postcode: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Tel (House) : \_\_\_\_\_ Tel (Mobile) : \_\_\_\_\_ Email: \_\_\_\_\_

**B. ACADEMIC QUALIFICATIONS**

Education School, College, University (Please provide documentary evidence)

Duration		FT or PT	School, College, University	Course studied with details of major studied and class of honors (if applicable)	Completed Yes / No
From YY	To YY				

YY – Year      FT – Full Time      PT – Part Time

**C. APPLICANT’S DECLARATION**

I wish to be considered for admission to LINCOLN UNIVERSITY COLLEGE program, and I declare that to the best of my knowledge the information in this application and the documentation supporting it is correct and complete. I acknowledge that the provision of false or misleading information may result in non-acceptance of this application or immediate expulsion from the program. I authorize LINCOLN UNIVERSITY COLLEGE where necessary to obtain from any other educational institution evidence of my academic record or to seek other corroborating evidence with respect to my application. I also declare that I have provided certified copies of the documents indicated in the checklist.

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**OFFICE USE ONLY**

**Payment Details**

Amount : RM \_\_\_\_\_ Chq/Draft/Cash

Receipt :

Received by :

Remarks :

Approved by (Registrar) :

**SECTION 1 : PERSONAL INFORMATION**

Name of Applicant : \_\_\_\_\_

Student ID No. : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

NRIC/ Passport No. : \_\_\_\_\_

Gender :  Male  Female

Nationality : \_\_\_\_\_

Race :  Malay  Chinese

India  Others:

Religion :  Muslim  Buddhist

Christian  Hindu

Others:

Marital Status :  Single  Married

Address : \_\_\_\_\_

Postcode : \_\_\_\_\_ Town : \_\_\_\_\_

State : \_\_\_\_\_

Email Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

**SECTION 2 : PROGRAMME PREFERENCE**

Intake : \_\_\_\_\_

Certificate  Foundation  Diploma  Degree

Master  Ph.D  Others:

Programme : \_\_\_\_\_

DETAILS OF FAMILY MEMBERS	FATHER	MOTHER	GUARDIAN ( if any)
Name			
Address			
Postcode			
Town			
State			
Occupation			
Salary			
Company Name			
Office No.			
Mobile No.			

**EMERGENCY CONTACT DETAILS**

Name : \_\_\_\_\_

Relationship : \_\_\_\_\_

Address : \_\_\_\_\_

Postcode : \_\_\_\_\_ Town : \_\_\_\_\_

Office No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

**SECTION 3 : INTERNATIONAL STUDENT ONLY**

Are you holding any type of Malaysian Immigration Pass now?  Yes  No

If yes, please specify  Social Visit  Student  Dependent  Diplomatic

Immigration Pass Expiry Date: \_\_\_\_\_

Applicable to Students/ former students from other institution in Malaysia only

Institution : \_\_\_\_\_

Course : \_\_\_\_\_

Year / Duration : \_\_\_\_\_

Applicable to students from the People's Republic of China only

Please specify as to which Malaysian Consulate you wish to obtain your single entry

Visa to Malaysia?  Shanghai  Beijing  Guangzhou

**SECTION 4 : ACADEMIC QUALIFICATION**

Please tick the box based on the academic qualification(s) that you possess and enclose all relevant documents. Please attach original or /and certified copies (with official signature or/ and stamp) of all transcripts provided by institutions you have listed below.

Applicant(s) who submit document(s) in a language other than English must provide an officially certified translation, together with the original.

Qualification:	<input type="checkbox"/>	SPM	Year Completed :	_____
	<input type="checkbox"/>	STPM	Year Completed:	_____
	<input type="checkbox"/>	O LEVEL	Year Completed:	_____
	<input type="checkbox"/>	A LEVEL	Year Completed:	_____
	<input type="checkbox"/>	Others:	Year Completed:	_____

No	Subject	Grade	No	Subject	Grade
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

CGPA / Grade :

Name of Course	Name of Institution & Country	Course Length (Start date & Completion date)	Major of Discipline	Class or Grade Awarded (e.g. Honor 2 <sup>nd</sup> upper or your GPA)

**SECTION 5 : ENGLISH PROFICIENCY**

Please provide relevant supportive documents.

Do you have English Language Qualification?  Yes  No

If yes, please specify :

	Score	Date	Reference No.
TOEFL			
IELTS			
LUC Language Test			

**SECTION 6 : FINANCIAL ASSISTANCE**

Sponsored by Employer     
  Self Finance     
  Scholarship  
 Sponsored by Government  
 PTPTN / MARA     
  Others: \_\_\_\_\_

Please attach relevance supportive documents.

Company Name : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Postcode : \_\_\_\_\_ Town : \_\_\_\_\_  
 State : \_\_\_\_\_ Country : \_\_\_\_\_  
 Office No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

**SECTION 7 : DECLARATION BY APPLICANT**

I, declare that the information given in this registration form is complete and accurate to the best of my knowledge. I understand that withholding information or/ and giving false information will make me ineligible for admission. I also understand that I may be required to attend for an interview or undergo such test that may be requested by the University College as a requirement for admission to the programme of study for which I have applied. I, further confirm and consent to the use by Lincoln University College's without charge, my personal information (including photographs or/ and images or/ and recordings of the student), in any publicity or / and promotional exercise of Lincoln University College's to release such relevant information to the relevant Alumni Association.

\_\_\_\_\_  
Name of Applicant:

\_\_\_\_\_  
NIRC / Passport No. :

Date \_\_\_\_\_ :

\_\_\_\_\_  
Signature of Applicant

**OFFICE USE ONLY**

Registration :  Malaysian       International  
 Counseled by : \_\_\_\_\_ Date : \_\_\_\_\_  
 Introduced by : \_\_\_\_\_  
 Registration Fees paid :  Yes       No      Date : \_\_\_\_\_  
 Tuition Fees paid :  Yes       No      Date : \_\_\_\_\_  
 Documents Complete :  Yes       No      Date : \_\_\_\_\_

Please fill up ALL sections of this form in CAPITAL LETTERS and duly signed it.  
Enclose certified true copies of all required documents.

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Dean / Coordinator



## ENROLMENT DECLARATION

To

Lincoln University College  
Block A, Mayang Plaza  
No. 1, Jalan SS 26/2  
Taman Mayang Jaya  
47301 Petaling Jaya  
Selangor.

Dear Sir / Madam,

I hereby authorize Lincoln University College to obtain official records and other relevant information(s) with respect to myself from other appropriate educational institution(s). I approve the release of details of my course and grades at Lincoln University College to other educational institution(s) and academically relevant professional bodies. I authorize the University College to release formal details for educational purposes or to meet legal obligations or in the case of emergency, as authorized by the Registrar, in accordance with the University College's policy and procedures covering secrecy of student records.

.....

Name of Student :  
NRIC No. / Passport No. :  
Date :

## LETTER OF UNDERTAKING

To  
LINCOLN UNIVERSITY COLLEGE  
Mayang Plaza, Block A  
No. 1, Jalan SS 26/2  
Taman Mayang Jaya  
47301 Petaling Jaya  
Selangor Darul Ehsan

Student's Name:


(As in Passport)

Passport No. :

--

Telephone No.

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Address:

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1. I, the above named, agree to be a full-time student in Lincoln University College (LUC) for the following program:
2. I fully understand that I am required to pay the course fee and other facilities expenditures incurred for 1 (one) whole semester, if withdraw from LUC, after I have completed the enrollment procedures, amounting to RM2,700.00 (Ringgit Malaysia : Two Thousand and Seven Hundred).
3. I agree to attend all the lectures and / or practical classes as scheduled and shall obey all the LUC rules and regulations during my study in LUC; failing which, I could be taken to the disciplinary board.

STUDENT SIGNATURE :

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NAME :

---

DATE :

---

SIGNATURE OF THE WITNESS:

---

NAME :

---

DATE :

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## LINCOLN UNIVERSITY COLLEGE CONTRACT TO STUDY

I \_\_\_\_\_ a student of Lincoln University College (LUC) undertake to abide by the rules and regulations of the LUC. I understand that my student visa will be cancelled if any one of the following occurs :

- a. Attendance falls below 80% of total classes on that semester. (e.g. If a student has 20 classes in that semester, he / she needs to attend at least 16 classes.)
- b. Fail in three subjects on that semester. (Failing mark is 49% and below)
- c. CGPA below than 2.5.
- d. Fail to pay tuition fees other fees on the stipulated date.
- e. Cheating or plagiarism (plagiarism is defined as the act of appropriating the literary composition of another author or excerpts, ideas or passages there from and passing the materials off as one's own creation. (This is also subject to lecturer's discretion.)
- f. Missing from the three consecutive classes without a valid medical excuse and documentation.

By signing this document, I hereby conform and abide these rules and regulations, by faulting them will result in the cancellation of my visa.

Student signature : \_\_\_\_\_ Date : \_\_\_\_\_

Student name : \_\_\_\_\_

Passport number : \_\_\_\_\_

Student Id : \_\_\_\_\_

Programme : \_\_\_\_\_

Intake Date : \_\_\_\_\_

Tel No : \_\_\_\_\_ Email Address : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

\_\_\_\_\_

Witnessed by : \_\_\_\_\_ Date : \_\_\_\_\_

Name : \_\_\_\_\_ Department : \_\_\_\_\_

Note:

- Without signing this contract form student's passport will not be sent to the Immigration Department.



## STUDENT ACCEPTANCE FORM

To  
Director – Marketing Department  
Lincoln University College  
Mayang Plaza, Block A, No. 1  
Jalan SS 26/2, Taman Mayang Jaya,  
47301 Petaling Jaya, Selangor.

Dear Sir,

Re : ACCEPTANCE OF ADMISSION TO LINCOLN UNIVERSITY COLLEGE

I, \_\_\_\_\_ NRIC / Passport No. : \_\_\_\_\_  
Accept / decline the offer to study in Lincoln University College under the programme of :

- Foundation in Science
- Foundation in Business and Computing
- A – Level – Arts
- Degree in: \_\_\_\_\_
- Diploma in : \_\_\_\_\_
- Certificate in: \_\_\_\_\_
- Masters in: \_\_\_\_\_
- Ph.D in: \_\_\_\_\_

Intake : \_\_\_\_\_

Student's Signature : \_\_\_\_\_ Parent / Guardian's Signature :

Contact No. : \_\_\_\_\_ Name : \_\_\_\_\_

Date : \_\_\_\_\_ NRIC No. \_\_\_\_\_

Date : \_\_\_\_\_

Please return form to Lincoln University College via post / fax : 03-7806 3479 /

Email : [enquiry@lincoln.edu.my](mailto:enquiry@lincoln.edu.my)

Cross out where not applicable



To

The Deputy Vice chancellor (Administration)

Lincoln University College

Malaysia

Dear Sir,

Sub: - Refund

As per rules and regulations of Lincoln University College, I \_\_\_\_\_

Passport number \_\_\_\_\_ agree the following :

1. That once I clear Malaysian Immigration by using student Visa, I will not claim any refund of Tuition Fees, Admission Fees, Registration Fees and EMGS Fees for what so ever reason.
2. That this document is signed by me.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Telephone Number: \_\_\_\_\_



ACKNOWLEDGEMENT

Date : .....

To :

Lincoln University College  
Block A, Mayang Plaza  
No. 1, Jalan SS 26/2  
Taman Mayang Jaya  
47301 Petaling Jaya  
Selangor

I.....(Full Name)  
.....(IC / Passport No.) have read and understand the content and rules stated in the  
student book. If found I violate the rules, I am entitled to be dealt with as stipulated in the student book.

.....

Signed:  
IC / Passport No:  
Date :



## ACKNOWLEDGEMENT

I the undersigned declare that I have read and fully understand the content of this letter

Signature : \_\_\_\_\_

Passport No: \_\_\_\_\_

Date : \_\_\_\_\_

(Kindly signed this letter and upload in the webpage by referring your Application ID)