

# Wilmington Metropolitan University LLC



## APPLICATION FORM

**STUDY PROGRAM** (Please tick one only)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Coding        | <input type="checkbox"/> Multimedia             | <input type="checkbox"/> Early Childhood Education |
| <input type="checkbox"/> Data Analytic | <input type="checkbox"/> Hospitality Management | <input type="checkbox"/> Logistic and Supply Chain |
| <input type="checkbox"/> Finance       | <input type="checkbox"/> Human Resource         | <input type="checkbox"/> Teaching and Learning     |
| <input type="checkbox"/> Marketing     | <input type="checkbox"/> Tourism Management     |  |

**PROGRAM LEVEL** (Please tick one only. Kindly refer to the website for level selection).

- |                                      |                                  |   |
|--------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Diploma | <input type="checkbox"/> Advanced Diploma |
| <input type="checkbox"/> Bachelor    | <input type="checkbox"/> Master  | <input type="checkbox"/> Doctorate        |

For Master and Doctorate, state the proposed major: \_\_\_\_\_

**PERSONAL INFORMATION** (Please write in **CAPITAL LETTERS** and **Black Ink**)

<b>Name</b>		Passport-Size Color Photograph (1 Piece)									
<b>Title</b> (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss										
<b>Nationality</b>											
<b>Birth Date</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="width: 20%;"><b>NRIC /</b></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;"><small>Date</small></td> <td style="text-align: center;"><small>Mth</small></td> <td style="text-align: center;"><small>Year</small></td> <td style="text-align: center;"><b>Passport #</b></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>					<b>NRIC /</b>		<small>Date</small>	<small>Mth</small>	<small>Year</small>	<b>Passport #</b>
			<b>NRIC /</b>								
<small>Date</small>	<small>Mth</small>	<small>Year</small>	<b>Passport #</b>								
<b>Home Address</b>											
<b>Office Address</b>											
<b>Cellular Phone #</b>		<b>Home</b> <input type="checkbox"/> <span style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></span>									
<b>Email Address</b> (In small letters)											

**EMPLOYMENT HISTORY**

Name of Employer	Job Title	Employment (Month & Year)
		From:                      To:
		From:                      To:

**ACADEMIC QUALIFICATIONS**

Issuing Body	Academic Attainment	Study Period (Months)	Year of Attainment

For verification purpose, please submit your original documents from the higher academic institution(s) including course details, academic transcript(s), and certificate(s) you have completed.

**PROFESSIONAL CERTIFICATIONS**

Issuing Body	Obtained Qualification	Study Period (Months)	Year of Attainment

Remarks: If there is insufficient space, please provide details on a separate sheet of paper to be attached to the application form

**CREDIT EXEMPTION**

Are you seeking credit exemption from previous study for the subject(s), or the similar subjects(s) you have studied before?

- Yes       No

If YES, please submit relevant course contents and transcripts of the institution(s) you have studied.

**REFERENCE**

Please write one reference (person or organization).

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

**DECLARATION**

**Applicant's Declaration**

I solemnly declare the following statements:

Have understood the program information provided by the Associate Center.

Information written on this Application Form is correct and complete.

Acknowledge and accept the provision of incorrect information will result in the termination of the said program without any refund of the paid program fees whatsoever.

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

**Office Use**

Received Date \_\_\_\_\_ By \_\_\_\_\_

Accept       Reject      By \_\_\_\_\_

Learning Associate \_\_\_\_\_

Program Commencement Date \_\_\_\_\_