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Student Registration Checklist

Please use the following checklist to ensure that all documents are complete during registration. No student will be registered without producing the original documents at the time of registration. If the University authorities discover any false declaration or use of forged certificates/documents by any student for gaining entry into Multimedia University, this offer of admission will be revoked.

- | | |
|---|--------------------------|
| 1) Original Offer Letter and a copy | <input type="checkbox"/> |
| 2) Original Certificates and a copy of :- | |
| a. Master Degree Certificates (if any) | <input type="checkbox"/> |
| b. Master Degree Transcript (if any) | <input type="checkbox"/> |
| c. Bachelor Degree Certificates | <input type="checkbox"/> |
| d. Bachelor Degree Transcript | <input type="checkbox"/> |
| e. English result :- | |
| • IELTS or TOEFL | <input type="checkbox"/> |
| • MUET or 1119 | <input type="checkbox"/> |
| 3) 2 copies of the latest passport size photograph with blue background | <input type="checkbox"/> |
| 4) Report of Health Examination and X-Ray film | <input type="checkbox"/> |
| 5) Original scholarship/sponsorship letter and 3 copies* (if any) | <input type="checkbox"/> |
| 6) Completed form of Appendixes | |
| a. BPKP 2 – Reply Slip | <input type="checkbox"/> |
| b. BPKP 3 – Declaration Form | <input type="checkbox"/> |
| c. BPKP 4 – Fees | <input type="checkbox"/> |
| d. BPKP 5 – Student Pledge | <input type="checkbox"/> |
| e. BPKP 6 – Address Form | <input type="checkbox"/> |
| f. BPKP 7 – Student’s Biodata Form | <input type="checkbox"/> |
| 7) A copy of receipt for the first payment as stated in BPKP 4 | <input type="checkbox"/> |
| 8) For International candidate, please refer to the checklist for student pass and visa application in Appendix 3 | <input type="checkbox"/> |
| 9) Completed insurance form OR a certified true copy of insurance certificate/policy & membership card (if any) | <input type="checkbox"/> |
| 10) Completed Smart Card & Vehicle Sticker application form | <input type="checkbox"/> |

**A copy for Finance division and 2 copies for IPS*

REPLY SLIP

Please confirm your acceptance of the offer (duly signed by you) by returning the enclosed reply slip together with the copy of receipt of payment as stated in the BPKP 4 payable to **MULTIMEDIA UNIVERSITY** being the 1st payment for this programme and return to us before or by _____. If we do not receive your reply by this date, the offer is automatically withdrawn.

BPKP 1

GENERAL GUIDELINES

WHAT SHOULD YOU DO IF YOU ACCEPT THE OFFER:

You are required to **post/return** the following:

- 1) BPKP 2 – Reply Slip
- 2) A copy of receipt of the first payment as stated in the BPKP 4 payable to **MULTIMEDIA UNIVERSITY**
- 3) A certified true copy of sponsorship/scholarship letter and documents (if applicable)
- 4) For international candidate, please refer to Appendix 3 for the documents required for application for student visa.

TO:-

**Dean
Institute for Postgraduate Studies (IPS)
Multimedia University
Jalan Multimedia
63100 Cyberjaya
Selangor**

Dean
Institute for Postgraduate Studies (IPS)
Multimedia University
Jalan Multimedia
63100 Cyberjaya
Selangor

Dear Sir,

REPLY SLIP

I _____ (IN CAPITAL LETTERS) * **accept / do not accept** the conditions of your offer for admission into Multimedia University for the **MBA** programme _____ **Intake.**

Enclosed herewith is the copy of receipt for the first payment as stated in the BPKP 4.

Thank you.

Signature : _____
Name : _____
Identity Card No. : _____
Date : _____
Address : _____

Telephone No. : _____
Email Address : _____

DECLARATION FORM

(Note: Please read the contents carefully and make sure you understand what each paragraph means before signing it. This Declaration Form is a very important legal document and you should not sign it unless you agree with all that it contains.)

1. I understand that Multimedia University (MMU) is the first private university where the search of knowledge is for the pursuit of excellence and where the development of personality as well as the leadership character is the paramount importance.
2. I solemnly promise to:
 - a) uphold the ideals, philosophy and objectives of Multimedia University (MMU) and lead a life of total commitment to the values of humanity, tolerance, honesty, hard work and good relationship with my fellows, colleagues, lecturers and University staff. I shall also co-operate in the promotion of an atmosphere of peace and orderly behaviour in and outside the University.
 - b) abide by the Constitution, Statutes and Regulations including the Discipline of Students, Rules and other documents framed by the University Authorities from time to time.
 - c) maintain good behaviour in my relationship with other people in the University and not to indulge in the abuse of drugs, free immoral mixing of sexes or any form of entertainment prejudicial to the good name of **Multimedia University (MMU)**.
 - d) respect the identity and way of life of the Muslims as well as other believers both in and outside the campus, and not to do anything that would tarnish the good name of Multimedia University (MMU).
 - e) observe decency and modesty in behaviour without imitating or introducing undesirable and immoral trend or fashion.
3. I hereby declare that I accept the above conditions as binding on me as long as I am a student, all rules and regulations in force at the time of joining and which might be framed subsequently, I shall submit to the discipline of the University as exercised through its lecturers and administrative officers.
4. I accept that the University will have the right to reject my applications without assigning any reason, if in the opinion of the appropriate authorities, my stay in the University is not conducive to my colleagues or welfare of others at the Multimedia University (MMU).
5. The undersigned hereby declares that pursuant to the provisions of the Copyright Act 1987 (the Act) that he/ she shall not during his tenure at the University or thereafter engage in any unauthorised act of copying or reproducing or attempt to copy / reproduce or cause to copy / reproduce or permit the copying / reproducing or the sharing and / or downloading of any copyrighted material or an attempt to do so whether by use of the University's facilities or outside networks / facilities whether in hard copy or soft copy format, of any material protected under the provisions of sections 3 and 7 of the Act whether for payment or otherwise save as specifically provided for therein. This shall include but not be limited to any lecture notes, course packs, thesis, text books, exam questions, any works of authorship fixed in any tangible medium of expression whether provided by the University or otherwise.

The undersigned further undertakes as an authorized user of any and/or all the systems within and/or outside MMU including but not limited to ICEMS, MMLS, MYREN etc not to:-

- a) damage any system;
- b) obtain extra resources not authorized to these systems' user;
- c) deprive another user of authorized resources; and
- d) gain unauthorized access to systems by use of a special password, another user's password.
and/or exploiting loopholes in the these systems' security system

The undersigned hereby further declares that in the event of any infringement of the provisions of the Act whether knowingly or unknowingly the University shall not be liable for the same in any manner whatsoever and undertakes to indemnify and keep indemnified the University against all such claims and actions.

In the event of any infringement of the provisions of the Copyright Act 1987 whether knowingly or unknowingly the University shall not be liable for the same in any manner whatsoever and any individual, student, organization, body or group of students of the University shall be personally liable for all such acts of infringement and shall undertake to indemnify and keep indemnified the University against all such claims and actions

6. The confirmation given in this Declaration Form is correct to the best of my knowledge and belief, and in case of any mis-statement or concealment of facts, the University will have the right to cancel my admission or expel me from the University.

SIGNATURE : _____ DATE : _____

NAME : _____

PASSPORT NO. : _____

Note:

Any negligent misstatement will result in the automatic cancellation of all concessions.

FEES

Name : _____

Postal Address : _____

Telephone No. : _____ Fax No. : _____

Identity Card No. : _____

Fees for International Students	Ringgit Malaysia (RM)	USD*
Registration Fees	3,300.00	1100.00
Smart Card	50.00	17.00
Project	600.00	200.00
Advance Tuition Fees (2 modules)	3,504.00	1,168.00
Insurance (per year)**	390.00	130.00
Library Subscription Fee (per-year)	100.00	33.00
IT Services	100.00	33.00
International Student Service Fee	1,550.00	517.00
Deposit (Refundable)	1,500.00	500.00
Total of 1st Payment	11,094.00	3,698.00
<u>Tuition Fees</u> 11 Modules x RM1,752.00	19,272.00	6,424.00
TOTAL COURSE FEES:	30,366.00	10,122.00

There is strictly no refund of fees except for the Deposit.

*1USD = RM3.0 (This exchange rate will be adjusted according to the current exchange rate at the point of receipt of payment by MMU)

Note: All settlement of fees must be in RINGGIT MALAYSIA at the prevailing rate.

** The student is advised to take up a medical insurance policy throughout the duration of the course.

DECLARATION

1. I agree herewith and promise to pay all fees due before I sit for any end of module examination.
2. If I am sponsored, I agree that the University has the right to deduct from my scholarship/financial aid given to me to settle all payments mentioned above.
3. I agree that the University has the right to revise the fees and the payment schedule without any prior notification.

Student

Signature :

Date :

Witness

Signature :

Name :

Identity Card No :

Date :

STUDENT'S PLEDGE
(To be handed during registration)

I solemnly declare that during the period of my study at this University,

- a) I shall abide by the Law of the Country.
- b) I shall abide by the rules and regulations of Multimedia University (MMU) (Student discipline) and any other rules and regulations made from time to time.
- c) I shall protect the good name of the University at all times and look after the property and facilities from being destroyed by me or anyone.
- d) I shall not be involved in any undesirable activity that will interfere with the administration and /of academic function of the University; and
- e) I shall devote and be active in my studies and shall fulfill all educational conditions required.

* In my presence

Signature :
Date :
Name :
I.C No. :
Passport No :

.....
(Signature of University's Officers)

* This form is to be signed during registration in the presence of the University's Officers.

ADDRESS FORM**PERMANENT ADDRESS
(BEFORE ENTERING THE UNIVERSITY)**

Name	
Address	
Tel. No.	
I.C. No	

PRESENT ADDRESS OF A NEXT OF KIN WHO CAN BE CONTACTED IN CASE OF EMERGENCY

Name	1.	2.
Address		
Tel. No.		
I.C. No.		

REMINDER:

The student is responsible to inform Institute for Postgraduate Studies any change of address while studying at the University. This address will be used by the University on all matters related to the student.

STUDENT’S BIODATA FORM

PERSONAL DETAILS (CAPITAL LETTERS)

Full Name :

Sex : Citizen :

Marital Status : Race :

Name of Spouse : No. of Children :

Place of Birth : Date of Birth :

Old I.C No : New I.C No :

Passport No : Age :

Religion :

Correspondence Address :

Telephone No. :

Permanent Address :

Telephone No. :

Affix your latest passport size colour photograph with blue background here

FAMILY DETAILS

Particulars	Next of Kin
Name :	
Relationship:	
I.C. No :	
Age :	
Race :	
Religion :	
Address :	
Present Occupation :	
Employer :	
Address of Employer :	
Salary / Monthly Salary :	
Telephone (H/O):	
Fax :	

NO OF DEPENDANTS

No	Name	Age	Marital Status	Occupation	Tel No
1.					
2.					
3.					
4.					
5.					

ACADEMIC BACKGROUND

No	Name of School/Institution	Period of Study	Certificate Obtained	CGPA/GRADE/CLASS/Percent
1.				
2.				
3.				
4.				

TERTIARY EDUCATION

	Diploma	First Degree	Second Degree / Postgraduate Diploma / Master
Degree			
Major			
Minor			
Division / Class/ CGPA/%			
Year Graduate			
Duration of Study Department / University			

Note : Please enclose certified true copies of all certificates, degrees and transcripts.

EMPLOYMENT EXPERIENCE

Name of Employer	Address/Telephone/Fax	Designation	Duration

MEDICAL DISCLOSURE

Do you have any medical condition that requires the attention of Multimedia Universiti ? If yes, please specify.

.....

ADDITIONAL INFORMATION

State your reason for choosing Multimedia Universiti .

.....

What are your expectations from Multimedia Universiti ?

.....

DECLARATION OF APPLICANT

I hereby declare that all information given in this application is complete and correct. I understand that any misinformation or incomplete information, the University has the right to reject my admission.

.....
 Date

.....
 Signature



GUIDELINES TO FILL IN HEALTH EXAMINATION REPORT

1. PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING IN THE FORM.
2. PLEASE FILL IN THE FORM IN ENGLISH LANGUAGE.
3. PLEASE WRITE IN CAPITAL LETTERS.
4. THIS FORM HAS 2 SECTIONS

SECTION 1 (PART A AND B) TO BE FILLED BY THE CANDIDATES

SECTION 2,3 & 4 TO BE FILLED BY THE EXAMINING DOCTOR

5. PLEASE COMPLETE ALL THE TESTS REQUIRED IN THIS FORM.
6. PLEASE ATTACH ALL THE ORIGINAL LABORATORY RESULTS.
7. PLEASE BRING ALONG THE CHEST X-RAY FILM AND REPORT.
 - a PLEASE ENSURE THE X-RAY FILM IS LABELLED WITH YOUR NAME AND DATE TAKEN (IN ENGLISH)
 - b CHEST X-RAY MUST BE DONE WITHIN 3 MONTHS PRIOR TO REGISTRATION
8. MULTIMEDIA UNIVERSITY WILL ONLY ACCEPT MEDICAL EXAMINATION THAT IS CARRIED OUT WITHIN 3 MONTH BEFORE REGISTRATION.
9. MULTIMEDIA UNIVERSITY RESERVES THE RIGHT TO REJECT AND REQUEST THE STUDENT FOR ANOTHER MEDICAL CHECK-UP SHOULD THERE BE ANY DOUBT. ALL COSTS INVOLVED WILL BE PAID BY THE STUDENT.

SECTION 1

(PART B) – Please tick () in the relevant box.

Declaration of self and family illness. Explain in full if you or your family has any of the following illnesses.

* Immediate family refers to father, mother, brothers / sisters

MEDICAL PROBLEMS	SELF		IMMEDIATE FAMILY		If “Yes” please state.
	Yes	No	Yes	No	
1. Congenital or inherited disorder					
2. Allergy					
3. Mental illness					
4. Fits, stroke, other neurological disease					
5. Diabetes Mellitus					
6. Hypertension					
7. Heart or vascular disease					
8. Asthma					
9. Thyroid disease					
10. Kidney disease					
11. Cancer					
12. Tuberculosis					
13. Drug addiction					
14. AIDS, HIV					
15. History of surgery					
16. Other illnesses					

Current medication (Long term)

IMMUNIZATION HISTORY (where applicable)	DATE IMMUNIZED				
1. Yellow Fever					
2. BCG					
3. Meningitis (Quadrivalent)					
4. Hepatitis B					
5. Others:					

I hereby certify that the information given above is true. I understand that my application will be rejected if there is any false information given.

 Date

 Signature of candidate

SECTION 2 - PHYSICAL EXAMINATION

To be filled by examining doctor

1. BASIC MEASUREMENT	
HEIGHT : _____ m	BLOOD PRESSURE : _____ mmHg
WEIGHT : _____ kg	PULSE RATE : _____ / min
VISION TEST : Unaided : (R) _____ (L) _____ Aided : (R) _____ (L) _____	COLOUR VISION TEST : NORMAL / ABNORMAL

2. GENERAL EXAMINATION			
ITEM	YES	NO	COMMENT
a. DEFORMITIES			
b. PALLOR			
c. CYANOSIS			
d. JAUNDICE			
e. OEDEMA			
f. SKIN DISEASES			

3. SYSTEMIC EXAMINATION			
ITEM	NORMAL	ABNORMAL	COMMENT
a. EYES (including funduscopy)			
b. EARS			
c. NOSE			
d. ORAL CAVITY / THROAT			
e. NECK			
f. HEART			
g. LUNGS			
h. ABDOMEN / HERNIA ORIFICES			
i. NERVOUS SYSTEM			
j. MENTAL CONDITION			
k. MUSCULOSKELETAL SYSTEM			

SECTION 3 - INVESTIGATIONS

URINE TEST		
ITEM	DATE TAKEN	RESULT
a. ALBUMIN		
b. SUGAR		
c. MICROSCOPIC		
d. MORPHINE		
e. CANNABIS		
f. AMPHETAMINES TYPE STIMULANT		

BLOOD TEST		
ITEM	DATE TAKEN	RESULT
a. HEPATITIS Bs ANTIGEN		
b. HEPATITIS C		
c. HIV		
d. VDRL / TPHA		
e. MALARIAL PARASITE		

CHEST X-RAY INFORMATION	
CHEST X-RAY NO.	
DATE TAKEN	
PLACE TAKEN	
REPORT	

SECTION 4 - CERTIFICATION BY THE EXAMINING DOCTOR

Please tick () in the appropriate box

I certify that I have on this date _____ examined
Mr / Ms _____ Passport No. _____
and found him / her :-

IN GOOD HEALTH

HAS MEDICAL PROBLEM (Please State)

IS UNDERGOING TREATMENT FOR: (Please State)

Date _____

Signature of Doctor : _____
Name of Doctor : _____
Qualification and : _____
Official stamp of Clinic

Remarks By University Official :

SECURITY DIVISION

Smart Card Application Form

Affix your latest passport size colour photograph with blue background here

Full name as in the identity card/ passport:

Grid for full name entry

Student ID:

Grid for student ID entry

Identity Card/ Passport Number:

Grid for identity card/passport number entry

Programme (As stated in the offer letter):

Candidate's signature:

Date:

COMPLETE AND SUBMIT THIS FORM TO SECURITY DIVISION.

CUT HERE

Collection of Smart Card Slip

Candidate needs to produce this slip at the Security Division when collecting the student card.

Name:

Student ID:

Grid for student ID entry

Stamp & Signature of Security Officer:

Date: