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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
  - 2) Original Certificates and a copy of :-
    - a. Master Degree Certificates (if any)
    - b. Master Degree Transcript (if any)
    - c. Bachelor Degree Certificates
    - d. Bachelor Degree Transcript
    - e. English result :-
      - IELTS or TOEFL
      - MUET or 1119
- Note:** If your bachelor degree was in English, please bring a confirmation letter from your previous University/college as a proof.
- 3) 2 copies of the latest passport size photograph measuring 3cm x 3.5cm with blue background
  - 4) Report of Health Examination, **Appendix B**
  - 5) Original scholarship/sponsorship letter and 3 copies\* (if any)
  - 6) A Complete form of **Appendix A** :-
    - 1) Appendix A (2) – *Acceptance of Offer into Multimedia University*
    - 2) Appendix A (3) – *Declaration Form*
    - 3) Appendix A (4) – *Student Pledge*
    - 4) Appendix A (5) – *Address Form*
    - 5) Appendix A (6) – *Student 's Biodata Form*
  - 7) A Complete Smart Card application form **Appendix C**

**GENERAL GUIDELINES**

**WHAT SHOULD YOU DO IF YOU ACCEPT THE OFFER?**

**Immediately return below documents:**

You are required to **complete and return** the following documents:

- a) Appendix A (2) – *Acceptance of Offer into Multimedia University*
- b) A certified true copy of sponsorship/scholarship letter and documents (if applicable)
- c) Appendix A (3) – *Declaration Form*
- d) Appendix A (4) – *Student Pledge*
- e) Appendix A (5) – *Address Form*
- f) Appendix A (6) – *Student 's Biodata Form*
- g) 2 recent photographs of yourself measuring 3cm x 3.5cm with your name and the programme name written at the back of each photograph.

All the required documents **MUST** be returned to the address below:-

**Institute for Postgraduate Studies (IPS)  
Multimedia University (MMU)  
Jalan Multimedia  
63100 Cyberjaya  
Selangor, Malaysia.**

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

Dear Sir,

**ACCEPTANCE OF OFFER INTO MULTIMEDIA UNIVERSITY**

I \_\_\_\_\_ (IN CAPITAL LETTERS) \* **accept / do not accept** the conditions of your offer for admission into Multimedia University for **Master of Business Administration (M.B.A.)** programme for \_\_\_\_\_ **Intake.**

I attach herewith \*Bank Slip/ Bank Draft/ Money Order/ Postal Order No: \_\_\_\_\_ for the first payment.

Thank you.

Signature : \_\_\_\_\_  
Name : \_\_\_\_\_  
Identity Card No. : \_\_\_\_\_  
Date : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_

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**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 OF STUDENT : \_\_\_\_\_

NAME : \_\_\_\_\_

IC/PASSPORT NO. : \_\_\_\_\_

DATE : \_\_\_\_\_

**Note:**

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

**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**

<b>Particulars</b>	<b>Next Of Kin Who Can be Contacted in Case of Emergency</b>
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**

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

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

<b>CHEST X-RAY INFORMATION</b>	
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 :

