APPLICATION CHECKI	.IST			
Please complete and submi	t the Application For	m together with t	he Application Materials stated below.	
Registration fee : O Di	ploma Program : RM		fee RM500.00 & Tuition Deposit RM300.00 non-refundable).	
○ Ce			on fee RM200.00 & Tuition Deposit RM300.00 non-refundable).
Certified true copy of SP	M, or other equivaler	nt qualifications.		
Certified true copy of Sc	hool Leaving Certifica	ate.		
Photocopy of Identity Ca	rd (Front & back on the sar	me page).		
4 copies of license size p	hotographs with nan	ne written on the	reverse.	
2 portfolios				
Exemption form (If applical	ole).			
A certified true copy	of semester result sli	p or transcript of	previous university / institution.	
Attached Course Sylla	bus / Subject Descri	ption.		
FOR OFFICE USE ONL	1			
FOR OFFICE USE ONL	(
Counseled by :	′			
	,		Date :	
Counseled by :	(Date :	
Counseled by : Application received by :		O Bank Draft		
Counseled by : Application received by : Payment received by :		O Bank Draft	Date :	
Counseled by : Application received by : Payment received by : Payment details : Cas		O Bank Draft	Date : O Telegraphic Transfer	
Counseled by : Application received by : Payment received by : Payment details : Cas Payment received : Receipt number :	h () Cheque		Date : Telegraphic Transfer Issued by :	
Counseled by : Application received by : Payment received by : Payment details : Cas Payment received :	h O Cheque	ditional Offer	Date : Telegraphic Transfer Issued by :	
Counseled by : Application received by : Payment received by : Payment details : Cas Payment received : Receipt number :	h O Cheque		Date : Telegraphic Transfer Issued by :	
Counseled by : Application received by : Payment received by : Payment details : Cas Payment received : Receipt number : Approval for Admission :	h O Cheque	ditional Offer	Date: O Telegraphic Transfer Issued by: Date:	
Counseled by : Application received by : Payment received by : Payment details : Cas Cas Cas Cas Cas Cas Cas Cas	h O Cheque	ditional Offer	Date: O Telegraphic Transfer Issued by: Date:	
Counseled by : Application received by : Payment received by : Payment details : Cas Cas Cas Cas Cas Cas Cas Cas	h O Cheque	ditional Offer	Date: O Telegraphic Transfer Issued by: Date:	
Counseled by : Application received by : Payment received by : Payment details : Cas Cas Cas Cas Cas Cas Cas Cas	h O Cheque	ditional Offer	Date: O Telegraphic Transfer Issued by: Date:	

Registrar

Student ID:]-[
	Student ID: U						



Mykad / Passport Gender :							
Gender :	No. :						
	○ Male	Female		Age :		I	
Marital Status :	Single	○ Married	ODivorced	O Widowed	Others:		_
Race :	○ Chinese		O Indian	Others:			
Religion :	Buddhist	O Christian	○ Hindu	O Muslim	Others:		
Student's Corresp		ess:					
		Postcode :		State / Prov	/ince :		
Tel (Home) :		Mobile :		Email :			
Home / Parent's /	[/] Guardian Addr	ress (If different fro	m e address) :				
•••••		Postcode :		State / Prov	vince :		
Tel (Home) :		Mobile :		• • • • • • • • • • • • • • • • • • • •			
Mykad / Passport					Occupation :		
Mykad / Passport		Mobile :			Occupation : Email :		
		Mobile :					
Tel (Home) :	CONTACT DE				Email :		
Tel (Home) : EMERGENCY (Full Name (as in Myl	CONTACT DE						

MEDICAL DETAILS

Name of Applicant :

Date:

Mykad / Passport No. :

MEDIC	AL DETAILS							
Do you l	have any disability	/ impairment / long-t	erm medical co	onditions that may affect yo	our studies?			
Yes (If yes, please provide details.)			○ No					
Asthma Oyslexia			O Hearing Impairment					
Colo	Blindness (Please spe	ecify):						
) Ment	al Health Difficultie	es (Please specify) :						
) Othe	r (Please specify) :							
	RAM PREFEREN							
Please s	pecify intake for ac	dmission and select O	NE (1) Program	by placing a tick (√) in the a	appropriate circle below.			
Inten	sive Workshop :							
ntake	March	○ July						
	O Art & Design	Mass Communic	cation					
Certi	ficate Program :	O Diploma Progra	m :					
ntake	○ January	O May	O Septemb	er				
	O Animation	O Digital Media	O Fine Art	Oraphic Design	○ Illustration			
	Mass Commu	nication	O Visual Co	mmunication	Others:			
ΓERMS	S AND CONDITI	ONS FOR ENROLI	MENT AND					
Dase		in the program fees s reserves the right to re		4. The Registration fee a non-refundable and no	on-transferable.			
2. All fe each barre	es must be paid be semester. Failure to d from attending c	fore the commencem o pay on time may res lasses, examinations a	ult in being	discontinue the progra	dent is expelled / suspended or am due to any sort of misconduct academic requirement, all fees paid			
accessing to Dasein facilities. 3. Payment of fees may be made by crossed cheque, telegraphic transfer or bank draft to "Dasein Academy of Art Sdn Bhd".				6. Dasein Academy of Art reserves the right to review and amend the rules and regulations (including policies) at any time. Students are advised to refer to the related department for the latest information.				
DECLA	RATION AND S	IGNATURE						
Applicant				Parent / Guardian				
have read and fully understand all the terms and conditions governing admission for this application.				I hereby agree to pay all fees due on the dates stipulated by Dasein Academy of Art.				
hereby declare that all information provided is complete and accurate. I also accept that Dasein Academy of Art reserves the right to vary or reverse any decision regarding admission.				I understand and agree that Dasein Academy of Art has the right to bar my children from attending classes, including deregistration due to default in payment of fees.				
orocess ourpose Academ mages	my personal inform of publicity, promo y of Art including,	t to Dasein Academy on nation, without chargo otional materials with without limitation, ph ublishing of any achie	e, for the in Dasein otos /		understand all the terms and mission for this application. r place of admission to			
Signatuı	re of Applicant :			 Signature of Parent / Gua	ardian :			

Name of Parent / Guardian :

Date:

Mykad / Passport No. :

Relationship: