



UNDO ACADEMY SDN BHD (1067932D)

No 27-3, JLN PJU 5/3 Dataran Sunway
Kota Damansara, Petaling Jaya 47810
Selangor, Malaysia
+603-61515162

COURSE REGISTRATION FORM

OFFICE USE ONLY

FULL COURSE | _____

STUDENT NUMBER | _____

PHOTO

PERSONAL DETAILS

FULL NAME | _____ SURNAME / FAMILY NAME | _____
(As in the passport / IC)

CHINESE NAME | _____ GENDER | MALE FEMALE
(If applicable)

I/C NO. / PASSPORT NO. | _____ DATE OF BIRTH | _____

NATIONALITY | _____

MARITAL STATUS SINGLE MARRIED

RACE MALAY CHINESE INDIAN PERIBUMI OTHERS | _____

RELIGION MUSLIM BUDDHIST CHRISTIAN HINDU OTHERS | _____

CURRENT ADDRESS | _____
(For correspondence purposes)

POSTCODE | _____ STATE / PROVINCE | _____ COUNTRY | _____

TELEPHONE - MOBILE | _____ HOME | _____

E-MAIL | _____

PARENT / GUARDIAN INFORMATION

TITLE | _____ NAME OF PARENT / GUARDIAN | _____
(Mr / Ms / Dr, etc) (As in the passport / IC)

CHINESE NAME | _____ GENDER | MALE FEMALE
(If applicable)

ADDRESS OF PARENT / GUARDIAN | _____
(If different from current address)

POSTCODE | _____ STATE / PROVINCE | _____ COUNTRY | _____

TELEPHONE - MOBILE | _____ HOME | _____ OFFICE | _____

FACSIMILE NO. | _____ E-MAIL | _____

RELATIONSHIP | _____
(mother, father, grandparent, guardian, etc)

OCCUPATION | _____

ACCOMMODATION

Do you require an accommodation? Yes No

EMERGENCY CONTACT (Do not need to fill in the person is the same as Parent / Guardian's Information)

CONTACT PERSON _____ RELATIONSHIP _____
(As in the passport / IC)

CHINESE NAME _____ GENDER MALE FEMALE
(If applicable)

ADDRESS OF PARENT / GUARDIAN _____

POSTCODE _____ STATE / PROVINCE _____ COUNTRY _____

TELEPHONE - MOBILE _____ HOME _____ OFFICE _____

FACSIMILE NO. _____ E-MAIL _____

MEDICAL DISCLOSURE

Do you have any disability, impairment or long-term medical condition which may affect your studies?

Yes No

If you do, you need to specify or tick () the relevant boxes.

Dyslexia / Asthma Epilepsy
 Autism / Aspergers Wheelchair user / mobility difficulties
 Hearing impairment
 Colour blindness - please specify _____
 Require personal care support - please specify _____
 Mental health difficulties - please specify _____
 Others - please state _____

** The information above is to assist us in maintaining the overall welfare of students. The responsibility for the safety and health of each student lies with the individual, not the college.*

Applicant's Signature _____ Date _____

Signature of Parent / Guardian / Sponsor _____ Date _____

(Please ensure that the information is accurate and true. Acknowledgement from both parties are necessary.)

PERSONAL STATEMENT

Please state your reasons for studying at Undo Academy and for selecting your preferred programme/major.

(In not less than 50 words)

APPLICATION CHECKLIST

Note: Please attach the following when you submit your application. Certified true copies of Academic records are required. If the original documents are not in English, a certified English Translation must also be submitted.

Full Course

- 1 x Copy of Identity Card
- 1 x Actual / Forecast of SPM or UEC / O Levels / Equivalent academic qualifications that is approved by the Ministry of Higher Education
- 1 x School Leaving Certificate / Graduation Certificate (if any)
- 1 x Sponsorship / scholarship letter and documents (if applicable)
- 4 x Recent Passport-size colour photographs
- Portfolio consisting 2 pieces of Original Artwork
- Tuition Deposit of RM1000 (refundable upon completion of the entire course, not refundable if the applicant stop before completion)

* Payment must be made payable to - UNDO ACADEMY SDN BHD

INTAKE

24 Months professional 3D Animation Training January May September Year

SOURCES OF SUPPORT

(a) I am paying my own fees

Please tick () this box if you, your parents or a guardian will be paying for your fees, or if you are not under any kind of contractual terms.

I AM PAYING FOR MY OWN FEES.

(b) A sponsor is paying for my fees

Please tick () if a contracted sponsor is paying for your fees. Kindly fill in the sponsor's name and invoice mailing below.

Please note if your sponsor fails to pay, you will have to bear the payment yourself.

A SPONSOR IS PAYING FOR MY FEES.

NAME OF SPONSOR

ADDRESS

TEL NO. MOBILE NO. FACSIMILE NO.

E-MAIL

(c) Scholarship or Loan from the Organisation

NAME OF SCHOLARSHIP/LOAN

AMOUNT OF SCHOLARSHIP/LOAN

TEL NO. MOBILE NO. FACSIMILE NO.

E-MAIL WEBSITE

DECLARATION AND SIGNATURE

IMPORTANT: Please ensure that you have signed and dated the form. Otherwise, your application will not be processed.
Please check that all the information given is accurate and complete before you sign.

I declare to the best of my knowledge, that the information I have given in this form is correct. I agree to abide by Undo Academy's regulations, and accept that upon the enrolment, I will personally bear the payment for my tuition and registration fees.

I agree with the processing of my personal data contained in this form, or any other data which Undo Academy may obtain from me or any other people. I agree with the processing of such data for any purpose connected with my studies, or my health and safety issues whilst in the premises, or for any other legitimate reason. I agree that the tuition fees paid are non-refundable.

I agree to accept that Undo Academy reserves the absolute right to use any of my artwork that is done during my enrolment in Undo Academy for education and advertising purposes.

I agree to accept that Undo Academy reserves the absolute right to defer or not to commence any program; to review, change and update subject curriculum in any program as it deems fit and necessary.

Conditional Acceptance (Not applicable to short courses students)

I understand that I shall be accepted under conditional acceptance if I apply with forecast results and if my official results fall short of the entry requirement, I must either withdraw from the program or enroll in a program with lower entry requirement.

Applicant's Signature Date

Signature of Parent / Guardian / Sponsor Date

(Required for applicants under the age of 21)

PLEASE SEND THE COMPLETED FORM TO :

UNDO ACADEMY SDN BHD

No 27-3, JLN PJU 5/3 Dataran Sunway Kota Damansara Petaling Jaya 47810 Selangor, Malaysia

Tel: +603 - 6151 5162 or +6016 - 632 0813

ENQUIRIES :

Late applications may be considered, however it is subject to availability. Applicants are strongly advised to meet the deadline. Please address your enquiries to the Registrar of Undo Academy Sdn Bhd.