

REGISTRATION FORM FOR PATHFINDER PROGRAMME

Please attach your recent photograph here.

PART 1 : Personal Particulars

Name (as in MyKad) _____ Date of Birth day _____ month _____ year _____

MyKad No

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 Email Address _____

Home Address _____

Postcode _____ Town / City _____ State _____

Home Telephone No

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 Mobile Phone No

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PART 2 : Details Of Family Members

No	Name of Parents/Guardian & Siblings/Other Dependents <i>(as in MyKad)</i>	Relationship	Age	Occupation
01.	_____	_____	_____	_____
02.	_____	_____	_____	_____
03.	_____	_____	_____	_____
04.	_____	_____	_____	_____
05.	_____	_____	_____	_____

PART 3 : Educational Background

Name of School _____ Telephone No _____

Address _____

Highest Academic Qualification SPM O-Level STPM A-Level UEC SAM CPU Matriculation Diploma IB

Others (Please specify) _____ Year of Examination _____ Overall Grade/ Aggregate _____

Subjects and Forecast Results

No	Subject	Grade	No	Subject	Grade
01.	_____	_____	07.	_____	_____
02.	_____	_____	08.	_____	_____
03.	_____	_____	09.	_____	_____
04.	_____	_____	10.	_____	_____
05.	_____	_____	11.	_____	_____
06.	_____	_____	12.	_____	_____

Note: Please attach certified true copies of examination certificates and result transcripts.

PART 4 : Academic Awards / Other Qualifications

No	Name of Examination / Award	Grade / Award
01.	_____	_____
02.	_____	_____
03.	_____	_____
04.	_____	_____
05.	_____	_____

Note: Please attach certified true copies of certificates.

PART 5 : Extracurricular Activities

No	Name of Club / Society / Association / Activity / Event	Position	Year	Special Achievement
01.	_____	_____	_____	_____
02.	_____	_____	_____	_____
03.	_____	_____	_____	_____
04.	_____	_____	_____	_____
05.	_____	_____	_____	_____

DECLARATION BY APPLICANT

I hereby declare that the information provided in this application form is true and correct. I have read the information and all terms and conditions stipulated herein this application form, and agree that CUCMS reserves the right to change the criteria without prior notification. The final decision is at the sole discretion of CUCMS. The CUCMS reserves the right to application if it is found to be false/misleading/untrue.

I also declare that I am healthy and fit to participate in the said programme including the outdoor activities. If there are any health concerns, I shall declare them to the University in writing prior to registration. I will not hold the University liable for any complications that may arise due to me having failed to warn the University beforehand.

Name of Applicant _____

MyKad no. _____

Date _____

Signature of Applicant

FOR OFFICE USE ONLY

Verified & Checked By

Name _____

Date _____

Interviewed By

Name _____

Date _____

Final Decision & Recommendations