

# Postgraduate Application Form

For office use only  
Application ref no



## 1. Personal Details

Title : Mr/Ms/Miss/Mrs/Dr

Male / Female

Surname/Family Name (Block Capitals)

First Name(s)

Previous Surname, if changed

Date of Birth

Correspondence Address

Post Code

Daytime  
Telephone Number

Evening  
Telephone Number

Mobile

Fax Number

E-Mail Address (please write clearly)

Home Address (if different from above)

Post Code

Daytime  
Telephone Number

Evening  
Telephone Number

Mobile

Fax Number

E-Mail Address (please write clearly)

## 2. Details of the taught Postgraduate Course(s) to which you are applying.

Month & Year in which you wish to start:

Course Title:

1<sup>st</sup> Choice:

F/T

P/T

2<sup>nd</sup> Choice

F/T

P/T

## 3. Where did you hear about Staffordshire University / APIIT and our courses?

**4. Career History/Voluntary Work/Relevant Experience**

Please give details of your last two situations relating to employment, training and /or professional experience (most recent first)

Date From		To	Employers name & Address	Post held & main functions	Full-Time/ Part-Time	Reasons For Leaving

**5. Academic History/Professional History**

Please give details of the last two universities/colleges you attended (most recent first)

Date From	To	Name of Institution	Qualification Gained	Grade

**6. English Language Competence**

Is English your first language?

Yes No

Was English the language of instruction for your previous qualifications?

Yes No

Please indicate if you hold any English language qualifications (eg: IELTS, TOEFL, etc)

Grade

Date

Grade

Date

**7. Academic /Professional Interests & Purpose of Study.**

Please outline your reasons for wishing to undertake your chosen programme of study.

(please continue on a separate sheet if necessary)

**8. Name & Address of Referees**

You are normally expected to provide two academic references from people (not a relative) who have direct knowledge of your work.

i) Name  
Address

Telephone Number

Fax Number

E-Mail Address (if applicable)  
(please write clearly)

ii) Name  
Address

Telephone Number

Fax Number

E-Mail Address (if applicable)  
(please write clearly)

**9. Disability / Special Needs**

Please indicate any special arrangements or facilities you may require



**10. Declaration**

I confirm that, to the best of my knowledge, the information given on this form is correct & complete.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please return your completed form & relevant documentation to:*



**A.P.I.I.T**  
ASIA-PACIFIC INSTITUTE OF  
INFORMATION TECHNOLOGY

**Asia Pacific Institute of Information Technology**

**Lot 6, Technology Park Malaysia**

**Bukit Jalil, 57000 Kuala Lumpur, Malaysia.**

**Tel : 03-8996 1000 Fax: 03-8996 1001**

**E-mail : [info@apiit.edu.my](mailto:info@apiit.edu.my) Web: <http://www.apiit.edu.my>**