

SECTION 4 PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name													
Relationship							Occupation						
Office Address													
	Postcode					Office No.							
Permanent Home Address													
	Postcode					Home No.							
Contact No.	Mobile No												
Email Address													

SECTION 5 DECLARATION

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

Applicant's Signature

Parent/Guardian's Signature

Date _____

Date _____

FOR OFFICE USE ONLY

Application Accepted Full Offer Conditional Offer Semester

Remarks _____

Exemptions _____

English Requirements _____

Counselled by _____ Date _____

Enrolled by _____ Date _____

Letter of Offer Issued _____ Registrar

Checklist

- | | |
|--|---|
| <input type="checkbox"/> Completed application form | <input type="checkbox"/> Application fee |
| <input type="checkbox"/> Certified true copies of relevant transcripts | <input type="checkbox"/> Passport-sized photographs |
| <input type="checkbox"/> Photocopy of IC/passport | |

Please submit completed form to:

Cyberlynx International College

No 27, Jalan RU 7/1 Seksyen 7, 46050, Petaling Jaya, Selangor

Tel: +603-7932 5454

Fax: +603-7932 1414

www.cyberlynx.edu.my