



APPLICATION FORM Postgraduate Studies (By Research)

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passport size
photo

Write in BLOCK LETTERS using BLACK ink only. Please use additional sheets if space provided is insufficient.
Incomplete applications may result in a delay in processing of the application. Applicants are encouraged to contact potential supervisors at the IMU prior to submitting an application. Please refer to the website at www.imu.edu.my for more information.

PART 1 APPLICATION

<p>Programme <input type="checkbox"/> MSc (Community Health) <input type="checkbox"/> PhD (Medical & Health Sciences)</p> <p>By Research <input type="checkbox"/> MSc (Medical Sciences)</p> <p>Study Mode <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p>Research Interest: (please refer to IMU website for more information)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Environmental Health</td> <td><input type="checkbox"/> Clinical Research</td> <td><input type="checkbox"/> Cancer / Oncology</td> </tr> <tr> <td><input type="checkbox"/> Biochemistry</td> <td><input type="checkbox"/> Human and Medical Genetics</td> <td><input type="checkbox"/> Infectious Diseases</td> </tr> <tr> <td><input type="checkbox"/> Community Health</td> <td><input type="checkbox"/> Microbiology</td> <td><input type="checkbox"/> Building Related Illnesses</td> </tr> <tr> <td><input type="checkbox"/> Molecular Biology / Biotechnology</td> <td><input type="checkbox"/> Chronic Diseases</td> <td><input type="checkbox"/> Pharmaceutical Science</td> </tr> <tr> <td><input type="checkbox"/> Pharmacology</td> <td><input type="checkbox"/> Psychology</td> <td><input type="checkbox"/> Pathological Sciences</td> </tr> </table> <p>Kindly enclose a research proposal and provide the name of a supervisor at IMU, if already identified:</p> <p>Name : _____</p> <p>Position : _____</p> <p>Department : _____</p> <p>Telephone : _____ Fax No. : _____ Email Address : _____</p>	<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Clinical Research	<input type="checkbox"/> Cancer / Oncology	<input type="checkbox"/> Biochemistry	<input type="checkbox"/> Human and Medical Genetics	<input type="checkbox"/> Infectious Diseases	<input type="checkbox"/> Community Health	<input type="checkbox"/> Microbiology	<input type="checkbox"/> Building Related Illnesses	<input type="checkbox"/> Molecular Biology / Biotechnology	<input type="checkbox"/> Chronic Diseases	<input type="checkbox"/> Pharmaceutical Science	<input type="checkbox"/> Pharmacology	<input type="checkbox"/> Psychology	<input type="checkbox"/> Pathological Sciences	<p style="text-align: center;">(FOR OFFICE USE ONLY)</p> <p>Prestige No. <input style="width: 100%;" type="text"/></p> <p>Student ID <input style="width: 100%;" type="text"/></p>
<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Clinical Research	<input type="checkbox"/> Cancer / Oncology														
<input type="checkbox"/> Biochemistry	<input type="checkbox"/> Human and Medical Genetics	<input type="checkbox"/> Infectious Diseases														
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<input type="checkbox"/> Molecular Biology / Biotechnology	<input type="checkbox"/> Chronic Diseases	<input type="checkbox"/> Pharmaceutical Science														
<input type="checkbox"/> Pharmacology	<input type="checkbox"/> Psychology	<input type="checkbox"/> Pathological Sciences														

PART 2 PERSONAL DETAILS

a) Title <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Others (Please specify) _____		
b) Name (as in NRIC/passport) <input style="width: 100%;" type="text"/>		
c) Correspondence Address		
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>d) Home Tel No. <input style="width: 100%;" type="text"/></p> <p>e) Home Fax No. <input style="width: 100%;" type="text"/></p> <p>f) Mobile Phone No. <input style="width: 100%;" type="text"/></p> <p>g) Office Tel No. <input style="width: 100%;" type="text"/></p> <p>h) Office Fax No. <input style="width: 100%;" type="text"/></p> <p>i) E-mail Address <input style="width: 100%;" type="text"/></p>	
j) Sex <input style="width: 100%;" type="text"/>	n) Marital Status <input style="width: 100%;" type="text"/>	r) Nationality <input style="width: 100%;" type="text"/>
k) Ethnicity <input style="width: 100%;" type="text"/>	o) Age <input style="width: 100%;" type="text"/>	s) Permanent Residency <input style="width: 100%;" type="text"/>
l) Bumiputra Status <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Malaysian only)</small>	p) Date of Birth <input style="width: 100%;" type="text"/> <small>(dd/mm/yyyy)</small>	t) I/C No. <input style="width: 100%;" type="text"/> <small>(Malaysian only)</small>
m) Religion <input style="width: 100%;" type="text"/>	q) Place of Birth <input style="width: 100%;" type="text"/>	u) Passport No. <input style="width: 100%;" type="text"/>