KOLEJ MENTARI
Heritage of Quality Education

COURSE ENROLLMENT

IM -2

Please fill in the sections using BLOCK LETTERS and BLACK INK only.

① STUDENT DETAILS

Name of Student

Identity Card No. / Passport No.:

Gender: ❑ Male ❑ Female

Student ID No.:

Program of Study:

Mobile Phone No:

Current Semester / Year: ❑ **Jan/Mac /** ❑**May/July /** ❑**Oct** **/**

② COURSE DETAILS

	Course Code	Credit Hours	Course Description	**Pre-Requisites*** (Please state the pre-requisite subject's code)
1				❑**Yes** ❑**No**
2				❑**Yes** ❑**No**
3				❑**Yes** ❑**No**
4				❑**Yes** ❑**No**
5				❑**Yes** ❑**No**
6				❑**Yes** ❑**No**
7				❑**Yes** ❑**No**

Total Credit Hours

***it is student responsibility to fulfill pre-requisite requirement of each subject enrolled.**

③ DECLARATION AND AGREEMENT

I agree to:

- pay my fees in full by the due date on the invoice issued to me and failure to do so may result in my course enrollment being cancelled;
- make a copy of this form for my record and reference.

I understand that:

- after obtaining the approval of the *Academic Division*, I must return this form to the Admission & Records Office by hand.

I hereby declare that I have read and understand the information on this form and that the information provided by me in this form is true and complete in every particular. My signature certifies the accuracy and completeness of the information provided.

Signature of Student Date Place

④ APPROVAL BY ACADEMIC DIVISION

❑ **Approved /** ❑ **Not Approved** Remark:

Signature of Academic Division Date Official Stamp

RETURN THIS FORM TO ADMISSION & RECORDS OFFICE

OFFICE USE ONLY

Received by / Date:

Data entry by / Date:

Any docs enclosed? ❑ **Yes** ❑ **No**

Remark:
Outstanding Fee ❑ **Yes** ❑ **No** _____
PTPTN / MARA / Others ❑ **Yes** ❑ **No** _____
Hostel (Residence) ❑ **Yes** ❑ **No**