



INTERNATIONAL STUDENT APPLICATION CHECKLIST

STUDENT NAME	
PASSPORT NUMBER	
PROGRAMME	

DOCUMENT CHECKLIST

√ / X	DOCUMENTS
	Passport Copy (All Pages)
	Academic Qualification (High School Certificate Certified True Copy)
	Passport Size Picture (White Background & 45 mm high x 35mm wide)
	Registration Form DSH Institute of Technology
	Enrolment Declaration DSH Institute of Technology
	Acceptance Form DSH Institute of Technology
	Undertaking Form DSH Institute of Technology
	Refund Policy Form DSH Institute of Technology
	International Student Academic Contract DSH Institute of Technology
	Health Declaration Form
	Curriculum Vitae / Resume
	No Objection Certificate or Eligibility Letter <i>(for countries under the Sub-Saharan Continent)</i>
	Affidavit for Name <i>(if name indicated in academic results/ or any other documents are different from the name in the passport)</i>
	Academic Reference Letter (If Any)



DSH Institute
of Technology
DK290(W)

FOR OFFICE USE ONLY

STUDENT REGISTRATION FORM

Programme :

Application ID Number :

APPLICATION FOR ADMISSION

How to complete the form

1. Please write in **BLOCK LETTERS** and **BLACK INK** only.
2. Attached a certified true copy of actual results High School Certificate.
3. Passport size color photograph – 2 copies.
4. Other supporting documents for your application (where necessary)

PHOTO

Programme Applied:

Intake: _____

<input type="checkbox"/>	Diploma in Tourism Management	<input type="checkbox"/>	Malaysian Skills Certificate-Elderly Care Operation Centre
<input type="checkbox"/>	Diploma in Hotel Management	<input type="checkbox"/>	Malaysian Skills Certificate-Pest Services Operation
<input type="checkbox"/>	Diploma in Medical Imagine	<input type="checkbox"/>	
<input type="checkbox"/>	Diploma in Occupational Safety and Health	<input type="checkbox"/>	
<input type="checkbox"/>	Diploma in Business Administration	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

A. PERSONAL DETAILS

Applicant's Name: _____

Gender: Male Female Date of Birth: (DD)_____(MM)_____(YYYY) _____

Nationality: _____ IC / Passport No.: _____

Marital Status: Single Married Other: _____

Permanent Address: _____

_____ Postcode: _____

City: _____ State: _____ Country: _____

Tel. (House) No.: _____ Mobile No.: _____

Email (case sensitive): _____ Blood Group: _____

Correspondence Address: _____

_____ Postcode: _____

City: _____ State: _____ Country: _____

Please return the form to DSH Institute of Technology via email to admissions@dit.edu.my

EMERGENCY CONTACTS

Father's /*Guardian's Name: _____

Father's /*Guardian's Occupation: _____

Tel (House): _____ Tel (Mobile): _____

Email: _____

*Relationship with Guardian: _____

Mother's /*Guardian's Name: _____

Mother's /*Guardian's Occupation: _____

Tel (House): _____ Tel (Mobile): _____

Email: _____

*Relationship with Guardian: _____

Permanent Address of Parents/Guardian:

_____ Postcode: _____

City: _____ State: _____ Country: _____

B. ACADEMIC QUALIFICATIONSEducation School, College, University (*Please provide documentary evidence*)

Duration		FT or PT	School, College, University	Course studied with details of major studied and class of honors (if applicable)	Completed (Yes / No)
From YYYY	To YYYY				

YYYY - Year

FT – Full Time

PT – Part Time



C. ENGLISH REQUIREMENT

Please provide relevant supportive documents.

Please specify English Language Qualification details:

	Score	Date	Reference No.
TOEFL			
IELTS			
MUET			
LINGUASKILL			

D. APPLICANT'S DECLARATION

I wish to be considered for admission into a programme at DSH Institute of Technology, and I declare that the information in this application and the documentation supporting it is correct and complete to the best of my knowledge. I acknowledge that the provision of false or misleading information may result in non- acceptance of this application or immediate expulsion from the programme. I authorize DSH Institute of Technology where necessary to obtain from any other educational institution evidence of my academic records or to seek other corroborating evidence with respect to my application. I also declare that I have provided certified copies of the documents indicated in the checklist.

Student's Signature : _____

Date: _____

**OFFICE USE ONLY****Payment Details****EMGS FEE**

Amount: (RM) _____ (Cheque/Bank Draft/Cash)

Receipt No: _____

Received By: _____

Remarks: _____

TUITION FEE

Amount: (RM) _____ (Cheque/Bank Draft/Cash)

Receipt No: _____

Received By: _____

Remarks: _____

REGISTRAR APPROVAL

Status: _____ (Approved/Reject)

Remarks: _____

Date: _____



DSH Institute
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DK290(W)

ENROLMENT DECLARATION FORM

To:

DSH Institute of Technology
No. 59-0 , Block E, 2, Jln Langkawi,
Platinum Walk,
53100 Kuala Lumpur,
Federal Territory of Kuala Lumpur

Dear Sir / Madam,

I hereby allow DSH Institute of Technology to obtain official records and other relevant information(s) with respect to myself from other institutions.

I also approve the release of details of my course and grades at DSH Institute of Technology to other educational institution(s) and academically relevant professional bodies.

I authorize DSH Institute of Technology to release formal details for educational purposes or to meet legal obligations or in the case of emergency, as authorized by the Registrar, in accordance with the Institution's policies and procedures covering secrecy of student records.

Student's Signature

Student Name : _____

NRIC / Passport No. : _____

Date : _____



STUDENT ACCEPTANCE FORM

To:

DSH Institute of Technology
No. 59-0 , Block E, 2, Jln Langkawi,
Platinum Walk,
53100 Kuala Lumpur,
Federal Territory of Kuala Lumpur

Dear Sir/ Madam,

RE: ACCEPTANCE OF ADMISSION TO DSH INSTITUTE OF TECHNOLOGY

I, _____ Passport No./NRIC: _____

ACCEPT / DECLINE the offer to study in DSH Institute of Technology. The details of my study are as below:

Programme Name : _____

Intake : _____

 Student's Signature

Contact No. : _____

Date : _____

 Parent's / Guardian's Signature

Parent's / Guardian's Name : _____

Contact No. : _____

Date : _____

Please return the form to DSH Institute of Technology via email to admissions@dit.edu.my



DSH Institute
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DK290(W)

STUDENT UNDERTAKING FORM

To:
DSH Institute of Technology
No. 59-0 , Block E, 2, Jln Langkawi,
Platinum Walk,
53100 Kuala Lumpur,
Federal Territory of Kuala Lumpur

Student's Name : _____
 (As in passport)

Passport No. : _____

Tel No. (Home) : _____ Tel No. (Mobile): _____

Address : _____

Postcode: _____

City: _____ Country: _____

1. I, the above named, agree to be a full-time/ODL student at DSH Institute of Technology for the following programme: _____
2. I fully understand that I am required to pay the programme fee for one (1) whole year, and if I withdraw from DSH Institute of Technology, after I have completed the enrollment procedures, the first year fee will not be refundable.
3. I agree to attend all lectures and/or practical classes as scheduled and shall obey all the DSH Institute of Technology Academic Rules and Regulations during my study in DSH Institute of Technology, failing which I could be terminated from the programme.

 Student's Signature

Student's Name : _____

Date : _____

 Witness's Signature

Witness's Name : _____

Date : _____



DSH Institute
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DK290(W)

INTERNATIONAL STUDENT REFUND POLICY

To:

DSH Institute of Technology
No. 59-0 , Block E, 2, Jln Langkawi,
Platinum Walk,
53100 Kuala Lumpur,
Federal Territory of Kuala Lumpur

Dear Sir/ Madam,

RE: REFUND POLICY

I, _____ Passport No./NRIC: _____

agree to the following:

1. Once my Visa Approval Letter has been approved, I will not claim any refund of Tuition fee, Admission fee, Registration fee and/or EMGS fee for whatsoever reason.
2. That this document is signed by me.

Student's Signature

Contact No. : _____

Date : _____



INTERNATIONAL STUDENT CONTRACT

To:

DSH Institute of Technology
No. 59-0 , Block E, 2, Jln Langkawi,
Platinum Walk,
53100 Kuala Lumpur,
Federal Territory of Kuala Lumpur

I, _____, a student at DSH Institute of Technology undertake to abide by the academic rules and regulations of the Institution.

I understand that my Student Visa will be **TERMINATED** if any one of the following occurs:

- a. Attendance falls below 80% of total classes on that semester. (e.g., if the student has 40 classes in that semester, he/she needs to attend at least 32 classes.)
- b. Fail in more than 50% of subjects on any semester. (Failing mark is 40% and below.)
- c. CGPA below than 2.00.
- d. Failure to pay Tuition Fee, EMGS Fee or any other fee within the stipulated date.
- e. Cheating or plagiarism. (Plagiarism is defined as the act of appropriating the literary composition of another authors, or excerpts, ideas, or passages there from and passing the materials off as one's own creation.)
- f. Absent from three (3) consecutive classes without a valid medical excuse and documentation.

By signing this document, I hereby confirm and abide by these rules and regulations, and that faulting them will result in the cancellation of my visa.

 Student's Signature

Student's Name : _____
 Passport No. : _____
 Witness' Name : _____
 Date : _____
 Department : _____



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INTERNATIONAL STUDENT HANDBOOK

ACKNOWLEDGEMENT

To:

DSH Institute of Technology
No. 59-0 , Block E, 2, Jln Langkawi,
Platinum Walk,
53100 Kuala Lumpur,
Federal Territory of Kuala Lumpur

I, _____ Passport No./NRIC: _____

have read and understood the content and rules stated in the International Student's Handbook. I am entitled to be dealt with disciplinary action as deemed fit if it is found that I have violated the rules and regulations stated in the International Student's Handbook.

Student's Signature

Contact No. : _____ Date: _____

HEALTH DECLARATION FORM FOR APPLICANTS

I hereby declare that I am free from the following diseases/conditions:

ITEMS	SELF		IF NO, PLEASE STATE
	YES	NO	
Tuberculosis			IF YOU HAVE SOUGHT CONSULTATION FOR ANY OF THE LISTED DISEASES/CONDITION, YOU ARE REQUIRED TO SUBMIT YOUR MEDICAL HISTORY/REPORT FROM YOUR TREATING PHYSICIAN TO EDUCATION MALAYSIA GLOBAL SERVICES (EMGS) PANEL CLINIC/UNIVERSITY HEALTH CENTRE.
Hepatitis B			
Hepatitis C			
HIV			
Drug use/abuse of:			
1. Opiates			
2. Cannabinoids			
3. Amphetamine			
4. Methamphetamine			
Sexually Transmitted Diseases			
Congenital or Inherited Disorder			
Cancer			
Epilepsy			
Psychiatric Illness			
Other illness			

I declare that I will submit myself for compulsory Post-Arrival Health Examination as per Malaysian regulations. In the event that I should be diagnosed with any condition that deems me **UNSUITABLE** for studies, I will bear the cost of leaving Malaysia and will adhere to the immigration requirements on the visit pass and exit before the pass expiration, or any deadline given to me whichever is earlier.

I declare that in the event I should be diagnosed with any conditions that does not require my removal from Malaysia but requires medical treatment and I choose to remain in Malaysia to continue my studies, I will bear any and all costs relating directly or indirectly towards the medical management of my medical condition.

I confirm that EMGS Panel Clinic/University Health Centre shall not be responsible in any manner or whatsoever, arising out of EMGS Panel Clinic/University Health Centre certification of my medical status as suitable to study or reside in Malaysia despite the medical condition described above. I further undertake to hold EMGS Panel Clinic/University Health Centre harmless from any loss or liability arising from this decision and agree to indemnify and keep EMGS Panel Clinic/University Health Centre from any loss or liability arising from this decision.

.....
Date (dd/mm/yyyy)

.....
Name of applicant as indicated in the passport

.....
Applicant's signature

.....
Applicant's passport number

Kindly ensure all information requested in this form is complete and updated in English Language.