

ACADEMIC COURSE APPLICATION FORM

All fields are mandatory. Where non-applicable, put "N.A." Do not leave any fields blank.

1. PRE-COURSE DETAILS

Have you attended any course at Parkway College before? Yes No

If yes, please complete the following:

Year Graduated	Course Name

2. COURSE DETAILS

Course Applying for:		Attach a recent passport-size colour photograph here
Applying for Sponsorship <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If course fee is to be billed to sponsoring organisation, sponsorship letter to be submitted to College latest 1 week before matriculation day.)</small>		
Mode of Study: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Type of Application: <input type="checkbox"/> Walk-in <input type="checkbox"/> Agent _____ <small>(specify name)</small>	
Course Commencement Date: DD/MM/YYYY		

3. PERSONAL PARTICULARS

Full Name (as in NRIC/Singapore Government Issued Identity Card/Passport): (*Mr /Mrs /Ms /Dr)

**Delete as appropriate*

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC No./FIN:	Race:	Date of Birth: DD/MM/YYYY
Age:	Passport No.:	Passport Expiry Date: DD/MM/YYYY	Mobile No.:
Home No.:	Email Address:		

Address:

Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Malaysian <input type="checkbox"/> Others (specify) _____	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others (specify) _____
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Residential Status: <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Short Term Visit Pass <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Long Term Visit Pass <input type="checkbox"/> Student's Pass <input type="checkbox"/> Employment Pass <input type="checkbox"/> Dependant's Pass <input type="checkbox"/> Work Permit <input type="checkbox"/> S Pass <input type="checkbox"/> Others (specify) _____	National Service: <small>(Applicable for Singaporeans and PR only)</small> <input type="checkbox"/> Regular <input type="checkbox"/> Exempted <input type="checkbox"/> Completed Full-time <input type="checkbox"/> Not Applicable <input type="checkbox"/> NS <input type="checkbox"/> Full-time NS man ORD Date: DD/MM/YYYY
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**4. EDUCATIONAL QUALIFICATIONS
(Starting with highest qualification)**

From	To	Title of Qualification	Institution	Language of Instruction	Country of Study
MM/YY	MM/YY				
MM/YY	MM/YY				
MM/YY	MM/YY				
MM/YY	MM/YY				
MM/YY	MM/YY				

**5. EMPLOYMENT HISTORY
(Starting with current company and position)**

From	To	No. of months	Name of Company	Designation
MM/YY	MM/YY			
MM/YY	MM/YY			
MM/YY	MM/YY			
MM/YY	MM/YY			
MM/YY	MM/YY			
MM/YY	MM/YY			

6. EMERGENCY CONTACT

Full name of parent/guardian:		Relationship to Applicant:
Home No.:	Mobile No.:	Email Address:
Address:		

7. DISABILITY/MEDICAL CONDITION

Do you have any disability or medical condition that may affect your learning? No Yes
If Yes, please specify (attach more details if necessary):

8. PRE-COURSE COUNSELLING CHECKLIST

Information on Parkway College

- About Parkway College and Mission, Vision and Values
- Website: www.parkwaycollege.edu.sg
- Location of the college
- Teachers and facilities

Information on the course

- Course description and objectives
- Course modules and module synopsis
- Course duration, start and end dates of course
- Course admission requirements
- English language requirement
- Course assessment schedule and grading system
- Course fees and other fees payable
- Graduation criteria
- Type of certification awarded at end of the course
- Opportunities for further education after graduation
- Job prospect after graduation

Information on college policies and procedures

- Application and enrolment procedure and fees
- Refund policy and procedure
- Transfer and withdrawal policies
- Medical examination, if applicable
- Student support services
- Personal data protection policy (to sign Personal Data Protection Policy form)

Information on Committee for Private Education (CPE)

- About CPE
- Website: www.cpe.gov.sg
- Student contract
- Student fee protection scheme (FPS)
- Medical insurance

For international students

- Student's pass, visa and immigration rules
- Student's pass application requirements and procedures
- Personal medical insurance
- Accommodation and cost of living
- General healthcare services in Singapore
- Ineligibility to work in Singapore during studying
- Other relevant Singapore laws (e.g. smoking, driving, drugs abuse)

9. DOCUMENTATION CHECKLIST

- All sections of this application form are to be completed. Please put N.A. for the fields that are Not Applicable.
- A non-refundable application fee of S\$214 (inclusive of GST)
- 1 recent colour passport-size photograph (35mm wide by 45mm high without border)
- 1 copy of the following identity documentation (whichever is applicable):
 - ✓ NRIC
 - ✓ Passport
 - ✓ Dependant's Pass
 - ✓ Long Term Visit Pass
 - ✓ Employment Pass/Work Permit/S Pass
 - ✓ Student's Pass(Original identity documentation to be brought along during submission of application)
- 1 copy of relevant academic certificates and transcripts/results slips. If the original is not in English, an official translation/notorised copy will be required. (Original academic certificates and transcripts/results slips to be brought along during submission of application)
- Resume (if applicable)
- Sponsorship/Scholarship letter (if applicable)
- Parkway College Medical Examination Report form and supporting documents (if applicable)
- Parkway College Personal Data Protection Policy

10. DECLARATION

- I hereby apply for the course as indicated in this form. I declare that all information given is true and correct. I also agree to abide by the decision of the College as to my eligibility for the course. If accepted, I agree to abide by the rules of the College and pay the necessary tuition and non-tuition fees.
- I have been briefed on all of the above information by College Staff

Signature of Applicant

Date

Signature of Applicant's parent or guardian
(If the applicant is under 18 years of age)

Date

Signature and Name of College Staff

Date

FOR OFFICIAL USE ONLY

Amount Received:	Receipt No.:	Date:
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