

ACADEMIC COURSE APPLICATION FORM

INSTRUCTIONS

1. All fields are mandatory. Where not applicable, put "N.A.". Do not leave any fields blank.
2. Please use CAPITAL LETTERS when filling in this form.
3. Tick "✓" the appropriate box.

1. PRE-COURSE DETAILS

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

If yes, please complete the following:

Year Graduated	Course Title

2. COURSE DETAILS

Course Applying for:

Applying for Sponsorship **Yes** **No**

(If course fee is to be billed to the sponsoring organisation, sponsorship letter must be submitted to College at least 1 week before the matriculation day.)

Mode of Study:

- Full-time
 Part-time

Type of Application:

- Walk-in
 Agent _____
(specify name)

Attach a recent
passport-sized colour
photograph here

Course Commencement Date: DD/MM/YYYY

3. PERSONAL PARTICULARS

Full Name (as in NRIC/Passport): (*Mr /Mrs /Ms /Dr)

*Delete as appropriate

Gender:

- Male Female

NRIC No./FIN:

Race:

Date of Birth:

DD/MM/YYYY

Passport No.:

Passport Expiry Date:

DD/MM/YYYY

Age:

Contact No.:

(Home)

(Mobile)

Email Address:

Address:

Nationality:

- Singaporean
 Malaysian
 Others (specify) _____

Marital Status:

- Single
 Married
 Others (specify) _____

Residential Status:

- Singapore Citizen Long Term Visit Pass
 Permanent Resident Employment Pass
 Student's Pass S Pass
 Dependant's Pass Work Permit
 Others (specify) _____

National Service:

- (Applicable for Singaporeans and PR only)
 Regular Exempted
 Completed Full-Time Not Applicable
 Full-Time NS Man

ORD Date: DD/MM/YYYY

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:
Contact No.:	Email Address:	
Address:		

7. DISABILITY/MEDICAL CONDITION

Do you have any disability or medical condition that may affect your learning? Yes No

If Yes, please specify (attach more details if necessary):

8. PRE-COURSE COUNSELLING CHECKLIST
(To be briefed by Parkway College staff)

Information on Parkway College

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

<p>Information on the course</p> <ul style="list-style-type: none"> <input type="checkbox"/> Course description and objectives <input type="checkbox"/> Course modules and module synopsis <input type="checkbox"/> Course duration, start and end dates of course <input type="checkbox"/> Course admission requirements <input type="checkbox"/> English language requirement <input type="checkbox"/> Course assessment schedule and grading system <input type="checkbox"/> Course fees and other fees payable <input type="checkbox"/> Graduation criteria <input type="checkbox"/> Type of certification awarded at the end of the course <input type="checkbox"/> Opportunities for further education after graduation <input type="checkbox"/> Job prospect after graduation
<p>Information on college policies and procedures</p> <ul style="list-style-type: none"> <input type="checkbox"/> Application and enrolment procedure and fees <input type="checkbox"/> Refund policy and procedure <input type="checkbox"/> Transfer and withdrawal policies <input type="checkbox"/> Medical examination, if applicable <input type="checkbox"/> Student support services <input type="checkbox"/> Personal data protection policy
<p>Information on Committee for Private Education (CPE)</p> <ul style="list-style-type: none"> <input type="checkbox"/> About CPE <input type="checkbox"/> CPE Website <input type="checkbox"/> Student contract <input type="checkbox"/> Student fee protection scheme (FPS) <input type="checkbox"/> Medical insurance
<p>For international students</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student's pass, visa and immigration rules <input type="checkbox"/> Student's pass application requirements and procedures <input type="checkbox"/> Personal medical insurance <input type="checkbox"/> Accommodation and cost of living <input type="checkbox"/> General healthcare services in Singapore <input type="checkbox"/> Ineligibility to work in Singapore during studying <input type="checkbox"/> Other relevant Singapore laws (e.g. smoking, driving, drug abuse)
<p>9. DOCUMENTATION CHECKLIST (To be completed by Parkway College staff)</p> <ul style="list-style-type: none"> <input type="checkbox"/> All sections of this application form are to be completed. Please put "N.A." for the fields that are not applicable. <input type="checkbox"/> A non-refundable application fee of S\$214 (inclusive of GST) <input type="checkbox"/> 1 recent colour passport-sized photograph (35mm wide by 45mm high without border) <input type="checkbox"/> 1 copy of the following identity documentation (whichever is applicable): <ul style="list-style-type: none"> ✓ 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 the submission of application) <input type="checkbox"/> 1 copy of relevant academic certificates and transcripts/results slips. If the original is not in English, an official translated/notarised copy will be required. (Original academic certificates and transcripts/results slips to be brought along during submission of application) <input type="checkbox"/> Resume (if applicable) <input type="checkbox"/> Sponsorship/Scholarship letter (if applicable) <input type="checkbox"/> Parkway College Medical Examination Report form and supporting documents (if applicable)

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 a College staff.
- I hereby confirm that, with effect from the date when I first provided any personal data to Parkway:
- a. I have read and understood the Personal Data Protection Policy and the terms relating to the collection, use, disclosure and/or processing of my and/or my child's Personal Data by Parkway and I hereby consent to such collection, use, disclosure and/or processing of my and/or my child's personal data as described in Parkway College's Personal Data Protection Policy;
 - b. I confirm that I have the consent of any relevant next-of-kin and family members for the use of their personal data in accordance with the purposes and in a manner described in Parkway College's Personal Data Protection Policy.

For more information on Parkway College's Personal Data Protection Policy, please refer to <http://www.parkwaycollege.edu.sg/privacy-policy/>.

Signature of Applicant

Date

Signature and Name of Applicant's Parent/
Guardian (if applicant is below 18 years of
age)

Date

Signature and Name of College Staff

Date

FOR OFFICIAL USE ONLY

Amount Received:

Receipt No.:

Date: