



# GUIDE TO REGISTRATION

FOR ADMISSION INTO JANUARY 2010 INTAKE

## WHAT IS THE NEXT STEP?

### **STEP 1 : RESPONDING TO YOUR OFFER**

To reserve your place, kindly:-

- i) Indicate your acceptance by signing and returning the Acceptance Form;
- ii) Attach the proof of payment of RM1500 ; and
- iii) Attach a certified copy of Health Examination Report duly signed by the authorized Medical Practitioner; and
- iv) Attach Release Letter from your current / previous institution (if applicable)

**DEADLINE is before 30 NOVEMBER 2009,**

Failing which you may not obtain a **Letter of Approval for Foreign Student Studying in Malaysia** and furthermore, you are not allowed to enter Malaysia or enroll into Universiti Industri Selangor.

### **Methods of Payment**

Payment can be made via:-

- i) **Telegraphic Transfer;**  
Beneficiary to Universiti Industri Selangor via Bank Islam Malaysia Berhad (Shah Alam Branch), Ground Floor, Wisma PKPS, Section 14, Persiaran Perbandaran, 40675 Shah Alam, Selangor (Account No : 12038010051888 and Swift Code : BIMBMYKL); or
- ii) **Bank Deposit to;**  
**Bank Islam Malaysia Berhad (BIMB)** : Account No.: 12038010051888 ; or **Malayan Banking Berhad (MBB)** : Account No.: 562218201117; or
- iii) **Online Payment Through Maybank 2U** : Account No.: 562218201117; or
- iv) **Bank Draft / Banker's Cheque;** (bring along during the registration day); or Payable to Universiti Industri Selangor ; or
- v) **Credit Card (Visa/Master);**  
To be swiped at the UNISEL Finance Department only during working hours.

## **STEP 2 : BEFORE ENROLLING AT UNISEL**

Please ensure the following items have been fulfilled before enrolling at UNISEL:-

- i) Obtain a **Letter of Approval for Foreign Student Studying in Malaysia** from the Malaysian Immigration Department; and
- ii) Validity of passport is not less than two (2) years; and
- iii) Complete and return the Airport Pick-up Form latest by **28 December 2009**; and
- iv) Prepare necessary payment (consist of various fees) to be paid before the registration day (refer to Payment and Fee Structure for details); and
- v) Please prepare certified true copies of the listed documents below endorsed by the Malaysian or your Embassy for submission on the registration day.

| NO | LIST OF DOCUMENTS   | QUANTITY |
|----|---|----------|
| 1  | Letter of offer   | 2 sets   |
| 2  | Passport (pages on personal particulars and passport validity)  | 2 sets   |
| 3  | Recent passport-sized photograph  | 6 pieces |
| 4  | All Academic certificates and transcripts (Secondary School; High School Certificate/O-Level /A-Level Diploma / Foundation / Bachelor / Master) | 2 sets   |
| 5  | Subject's syllabus (if any) - for the purpose of credit transfer or exemption   | 2 sets   |
| 6  | Health Examination Report signed by an authorized Medical Practitioner  | 2 sets   |

## **STEP 3 : ON THE REGISTRATION DAY**

Please bring along the following documents to be shown and/or submitted on the registration day:-

- i) Student Information Form
- ii) Student Card Application Form
- iii) **ORIGINAL** Letter of Offer
- iv) **ORIGINAL** Passport
- v) **ORIGINAL** Academic Certificate(s) and transcript(s)
- vi) **ORIGINAL** Health Examination Report
- vii) Payment Slip of RM1500 (Admission deposit)
- viii) Payment Slip of various fees (refer to Payment & Fee Structure)
- ix) Sponsorship Letter (if any)/Financial Guarantee Letter/Bank Statement from Parent/Guardian
- x) All required documents (as per in Step 2 (v))

For more details, please refer to [www.unisel.edu.my](http://www.unisel.edu.my)

**PAYMENT AND FEE  
STRUCTURE**  
For admission into January 2010 intake

**SECTION 1 : REGISTRATION, ADMISSION AND ADMINISTRATION FEES**

| NO. | ITEM  | BESTARI JAYA CAMPUS | SHAH ALAM CAMPUS  |
|-----|---|---------------------|-------------------|
| 1.  | REGISTRATION & ADMISSION FEES   | RM760.00            | RM760.00          |
| 2.  | HEALTH SCHEME & INSURANCE   | RM646               | RM646             |
| 3.  | ADMINISTRATION FEE  | RM6,000             | RM6,000           |
|     | <b>SUB-TOTAL</b>  | <b>RM7,406.0</b>    | <b>RM7,406.00</b> |
|     | MINUS ADMISSION DEPOSIT   | RM1,500             | RM1,500           |
|     | <b>TOTAL BALANCE TO BE PAID BEFORE OR<br/>ON THE REGISTRATION DAY</b> | <b>RM5,906.00</b>   | <b>RM5,906.00</b> |

**SECTION 2 : ACCOMODATION**

| NO. | ITEM  | BESTARI JAYA CAMPUS | SHAH ALAM CAMPUS  |
|-----|---|---------------------|-------------------|
| 1.  | ACCOMMODATION RENTAL (PER ANNUM)                              | RM2,400             | RM1,980.00        |
| 2.  | RENTAL DEPOSIT  | RM200               | RM165.00          |
|     | <b>TOTAL TO BE PAID BEFORE OR ON THE<br/>REGISTRATION DAY</b> | <b>RM2,600</b>      | <b>RM2,145.00</b> |

**SECTION 3 : BOND PAYMENT**

| NO. | BOND PAYMENT (BASED ON COUNTRY OF ORIGIN)   | TOTAL                  |
|-----|---|------------------------|
| 1.  | <b>Bond</b><br><ul style="list-style-type: none"> <li>• Singapore .....RM200</li> <li>• Indonesia .....RM500</li> <li>• Bangladesh, Philippines, India, Myanmar, Nepal, Pakistan .....RM750</li> <li>  Sri Lanka</li> <li>• Hong Kong, Macau .....RM1,000</li> <li>• Brunei, Vietnam, Taiwan, China, Korea, Australia, Saudi Arabia ..... RM1,500</li> <li>  Iran, Iraq, Tunisia, UK, British C.I, German European Countries, Portugal C.I.</li> <li>• Canada, USA .....RM2000</li> <li>• Countries other than the above .....RM1500</li> </ul> | <b>RM200 – RM2,000</b> |

## SECTION 4 : TUITION FEE FOR SEMESTER 3/2009/2010

| NO | COURSES OFFERED  | TUITION FEE FOR THIS SEMESTER ONLY (3/2009/2010) | TOTAL TUITION FEE | DURATION |
|----|--|--|-------------------|----------|
| 1. | Foundation Year for B.Ed (TESL) [KPT/JPS/(KR 8366)/06/12]          | RM2,340.00                                       | RM6,890.00        | 1 Year   |
| 2. | Foundation Year (Science) [KPT/JPS/(KR 7950)/02/12]                | RM2,340.00                                       | RM6,750.00        | 1 Year   |
| 3. | Foundation Year (Information Technology) [KPT/JPS/(KR 7534)/07/11] | RM2,340.00                                       | RM6,750.00        | 1 Year   |
| 4. | Intensive English Level 1, 2 or 3                                  | RM3,000 per level                                | RM3,000 per level |          |

### IMPORTANT INFORMATION

- i) It is **COMPULSORY** for you to make payment of the above-mentioned fees (inclusive of Section 1 + Section 2 + Section 3 + Section 4) before the registration date. (You should have made the payment of RM80 being the application of processing fee and RM1500 being the acceptance of offer).
- ii) The Registration and other fees for the following years is **RM896**. Tuition fees are to be paid upon registration and according to due date for subsequent semesters.
- iii) Payment can be made thru i) **Telegraphic Transfer**, Beneficiary to Universiti Industri Selangor via Bank Islam Malaysia Berhad (Shah Alam Branch), Ground Floor, Wisma PKPS, Section 14, Persiaran Perbandaran, 40675 Shah Alam, Selangor (Account No : 12038010051888 and Swift Code : BIMBMYKL); or (ii) **Bank Deposit to Bank Islam Malaysia Berhad** : Account No.: 12038010051888; or **Malayan Banking Berhad (MBB)** : Account No.: 562218201117; or (iii) **Online Payment Through Maybank 2U** : Account No.: 562218201117; or (iv) **Bank Draft / Banker's Cheque**; (bring along during the registration day); Payable to Universiti Industri Selangor ; or (v) **Credit Card (Visa/Master)** which to be swiped at the UNISEL Finance Department only during working hours.
- iv) Kindly present the payment slip/proof of payment to the university on the registration day.
- v) Please note that the above-mentioned fees are (i) **subject to change**; and (ii) **subject to approval from the Ministry of Higher Education, Malaysia**; and (iii) **subject to the current prevailing currency exchange**.



**ACCEPTANCE FORM**  
For admission into January 2010 intake

**SECTION 1 : PLEASE INDICATE YOUR ACCEPTANCE OF AN OFFER OF ADMISSION TO UNIVERSITI INDUSTRI SELANGOR**

|  |                       |   |
|--|-----------------------|---|
| NAME                                     |                       | PASSPORT NO.                              |
| COURSES OFFERED                          |                       |   |
| ADMISSION CATEGORY (Please tick)         |                       |   |
| <input type="checkbox"/> Genuine Student |                       | <input type="checkbox"/> Transfer Student |
| AMOUNT                                   | PAYMENT REFERENCE NO. |   |
| <b>RM1,500</b>                           |                       |   |
| DATE                                     | SIGNATURE             |   |

**SECTION 2 : METHODS OF PAYMENT (PLEASE TICK)**

- Payment by Telegraphic Transfer ; or**  
Beneficiary - Universiti Industri Selangor  
Bank - Bank Islam Malaysia Berhad (Shah Alam Branch)  
Ground Floor, Wisma PKPS, Section 14, Persiaran Perbandaran  
40675 Shah Alam, Selangor  
Account No - 12038010051888  
Swift Code - BIMBMYKL
  
- Bank Deposit to; or**  
**Bank Islam Malaysia Berhad (BIMB) :** Account No.: 12038010051888 ; or **Malayan Banking Berhad (MBB) :**  
Account No.: 562218201117; or
  
- Online Payment Through Maybank 2U :** Account No.: 562218201117; or
  
- Bank Draft / Banker's Cheque (bring along during the registration day)**  
Pay to Universiti Industri Selangor or
  
- Credit Card (Visa/Master)**  
Payment via credit card is made available at the Finance Department only during office hours on weekdays.

**SECTION 3 : SUBMIT / SEND THIS FORM**

Please submit/send this Form together with the **proof of payment, a certified copy of Health Examination Report duly signed by an authorized Medical Practitioner and Release Letter from your current/previous institution (if applicable)** before **30 NOVEMBER 2009;**

- by fax : 603-5522 3541 ; or
- by e-mail : [admission@unisel.edu.my](mailto:admission@unisel.edu.my) ; or
- by mail : Admision Unit, Academic Administrative Division, Registrar Office, Universiti Industri Selangor, Jalan Zirkon A7/A, Section 7, 40000 Shah Alam, Selangor Darul Ehsan, MALAYSIA

**SECTION 4 : FOR OFFICE USE ONLY**

|               |                           |
|---------------|---------------------------|
| DATE RECEIVED | PROOF OF PAYMENT ATTACHED |
|---------------|---------------------------|



**AIRPORT PICK-UP FORM**  
For admission into January 2010 intake

**IMPORTANT : You are required to arrive not earlier than 6<sup>th</sup> January 2010 (Wednesday) and not later than 8<sup>th</sup> January 2010 (Friday). The university shall not take the responsibility should you arrive not within the stipulated period.**

|   |            |                   |                                |
|---|------------|-------------------|--------------------------------|
| NAME  |            | PASSPORT NO.      |                                |
| E-MAIL  |            | TELEPHONE NO.     |                                |
| COURSES OFFERED   |            | NATIONALITY       |                                |
| FLIGHT AIRWAYS  | FLIGHT NO. | DATE OF DEPARTURE | TIME OF DEPARTURE              |
| FLIGHT AIRWAYS  | FLIGHT NO. | DATE OF ARRIVAL   | TIME OF ARRIVAL (GMT) MALAYSIA |
| IS THERE ANY RELATIVE/FRIEND WHO WILL FETCH YOU UPON YOUR ARRIVAL IN MALAYSIA?<br><input type="checkbox"/> YES _____<br>(Please indicate their name(s) and contact number)<br><input type="checkbox"/> NO |            |                   |                                |
| TRANSIT ACCOMODATION REQUIRED<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |            |                   |                                |
| DATE OF SUBMISSION  |            | SIGNATURE         |                                |

**SUBMIT/SEND THIS FORM**

Please submit/send this Form to us latest by **28 December 2009** :

- by fax : 603-5522 3541 ; or
- by e-mail : [admission@unisel.edu.my](mailto:admission@unisel.edu.my) ; or
- by mail : Admision Unit, Academic Administrative Division, Registrar Office, Universiti Industri Selangor, Jalan Zirkon A7/A, Section 7, 40000 Shah Alam, Selangor Darul Ehsan, MALAYSIA

**FOR OFFICE USE ONLY**

|               |  |
|---------------|--|
| DATE RECEIVED | ACTION TAKEN<br><br><input type="checkbox"/> Transport and driver arrangement<br><input type="checkbox"/> Payment arrangement to Malaysia Airport Berhad (RM41.00)<br><input type="checkbox"/> Accommodation arrangement<br><input type="checkbox"/> Staff to pick-up _____<br>(Please indicate person-in-charge name) |
|---------------|--|

**HEALTH EXAMINATION GUIDELINES  
FOR ENTRY INTO  
MALAYSIAN HIGHER EDUCATIONAL INSTITUTIONS**

1. PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING IN THE FORM.
2. PLEASE FILL IN THE FORM IN **ENGLISH** LANGUAGE
3. PLEASE WRITE IN **CAPITAL LETTERS**.
4. THIS FORM HAS **4 SECTIONS**:
  - a) SECTION 1 (PART A AND B) TO BE FILLED BY THE CANDIDATES; AND
  - b) SECTION 2, 3 AND 4 TO BE FILLED BY THE EXAMINING DOCTOR
5. PLEASE COMPLETE ALL THE TESTS REQUIRED IN THIS FORM.
6. THE UNIVERSITY / COLLEGE ONLY ACCEPTS MEDICAL EXAMINATION DONE WITHIN **60 DAYS** BEFORE REGISTRATION OR WITHIN **30 DAYS** AFTER REGISTRATION.
7. PLEASE ATTACH ALL THE **ORIGINAL** LABORATORY RESULTS.
8. PLEASE BRING ALONG **CHEST X-RAY FILM AND REPORT** FOR REGISTRATION.
9. PLEASE ENSURE THE X-RAY FILM IS **LABELLED** WITH YOUR NAME AND DATE TAKEN (IN ENGLISH).
10. CHEST X-RAY DONE WITHIN **6 MONTHS PRIOR** TO REGISTRATION CAN BE ACCEPTED.
11. THE UNIVERSITY / COLLEGE RESERVES THE RIGHT TO **REPEAT** FULL MEDICAL CHECK-UP OR ANY SPECIFIC LABORATORY TESTS SHOULD THERE BE ANY DOUBT IN THE MEDICAL REPORT SUBMITTED. ALL COSTS INVOLVED SHALL BE BORNE BY THE CANDIDATES.
12. THE UNIVERSITY / COLLEGE RESERVES THE RIGHT TO **REJECT** ANY APPLICATION;
  - a) BASED ON THE RESULTS OF THE HEALTH EXAMINATION; OR
  - b) SHOULD THERE BE ANY EVIDENCE THAT THE APPLICANT HAS GIVEN FALSE INFORMATION IN THE HEALTH EXAMINATION REPORT OR ANY SUPPORTING DOCUMENTS.



Passport size photo

HEALTH EXAMINATION REPORT FOR INTERNATIONAL STUDENT

PLEASE USE CAPITAL LETTERS

SECTION 1( To be completed by candidates )

(PART A)

FULL NAME (AS IN PASSPORT)

Grid for full name

INTERNATIONAL PASSPORT NO.

Grid for international passport no.

NATIONALITY

Grid for nationality

CONTACT NUMBER

Grid for contact number

DATE OF BIRTH

Grid for date of birth

AGE

Grid for age

SEX

MALE FEMALE

Grid for sex

D D M M Y Y

MARITAL STATUS

Grid for marital status

SINGLE

( For those who are married and who would like to bring their family to Malaysia during the studying period, kindly fill in Attachment A for registrar for Health Examination and Insurance Purpose )

ACADEMIC YEAR

Grid for academic year

STUDENT ID

Grid for student id

PROGRAMME OF STUDY

Grid for programme of study

PROGRAMME CODE

Grid for programme code

NEXT OF KIN

Grid for next of kin

NEXT OF KIN'S ADDRESS

Grid for next of kin's address

NEXT OF KIN'S CONTACT NUMBER

Grid for next of kin's contact number

**SECTION 1**

**(PART B) – Please tick ( ✓ ) in the relevant box**

**Declaration of self and family illness. Explain in full if you or your family has any of the following illnesses.**

**\* Immediate family refers to father, mother, brother /sisters.**

| MEDICAL PROBLEMS                           | SELF |    | IMMEDIATE FAMILY |    | If 'Yes' please state |
|--|------|----|------------------|----|-----------------------|
|  | Yes  | No | Yes              | No |                       |
| 1. Congenital or inherited disorder        |      |    |                  |    |                       |
| 2. Allergy                                 |      |    |                  |    |                       |
| 3. Mental illness                          |      |    |                  |    |                       |
| 4. Fit, stroke, other neurological disease |      |    |                  |    |                       |
| 5. Diabetes Mellitus                       |      |    |                  |    |                       |
| 6. Hypertension                            |      |    |                  |    |                       |
| 7. Heart or vascular disease               |      |    |                  |    |                       |
| 8. Asthma                                  |      |    |                  |    |                       |
| 9. Thyroid disease                         |      |    |                  |    |                       |
| 10. Kidney disease                         |      |    |                  |    |                       |
| 11. Cancer                                 |      |    |                  |    |                       |
| 12. Tuberculosis                           |      |    |                  |    |                       |
| 13. Drug addiction                         |      |    |                  |    |                       |
| 14. AIDS, HIV                              |      |    |                  |    |                       |
| 15. History of surgery                     |      |    |                  |    |                       |
| 16. Other illnesses                        |      |    |                  |    |                       |

**Current Medication ( Long Term )**

\_\_\_\_\_

\_\_\_\_\_

| IMMUNIZATION HISTORY<br>( where applicable ) | DATE IMMUNIZED |  |  |  |
|--|----------------|--|--|--|
| 1. Yellow Fever                              |                |  |  |  |
| 2. BCG                                       |                |  |  |  |
| 3. Meningitis (Quadrivalent )                |                |  |  |  |
| 4. Hepatitis B                               |                |  |  |  |
| 5. Others:                                   |                |  |  |  |

I hereby certify that the information given above is true, I understand that my application will be rejected if there is any false information given.

.....  
Date

.....  
Signature of Candidate

**SECTION 2 – PHYSICAL EXAMINATION (TO BE FILLED BY EXAMINATION DOCTOR)**

| 1. BASIC MEASUREMENT |     |                    |       |
|----------------------|-----|--------------------|-------|
| HEIGHT :             | cm  | BLOOD PRESSURE :   | mmHg  |
| WEIGHT :             | kg  | PULSE RATE :       | / min |
| VISION TEST          |     | COLOUR VISION TEST |       |
| UNAIDED : (R)        | (L) | NORMAL / ABNORMAL  |       |
| AIDED : (R)          | (L) |                    |       |

| 2. GENERAL EXAMINATION |     |    |          |
|------------------------|-----|----|----------|
| ITEM                   | YES | NO | COMMENTS |
| a. DEFORMITIES         |     |    |          |
| b. PALLOR              |     |    |          |
| c. CYANOSIS            |     |    |          |
| d. JAUNDICE            |     |    |          |
| e. OEDEMA              |     |    |          |
| f. SKIN DISEASES       |     |    |          |

| 3. SYSTEMIC EXAMINATION      |        |          |          |
|------------------------------|--------|----------|----------|
| ITEM                         | NORMAL | ABNORMAL | COMMENTS |
| a. EYES                      |        |          |          |
| b. EARS                      |        |          |          |
| c. NOSE                      |        |          |          |
| d. ORAL CAVITY / THROAT      |        |          |          |
| e. NECK                      |        |          |          |
| f. HEART                     |        |          |          |
| g. LUNGS                     |        |          |          |
| h. ABDOMEN / HERNIA ORIFICES |        |          |          |
| i. NERVOUS SYSTEM            |        |          |          |
| j. MENTAL CONDITION          |        |          |          |
| k. MUSCULOSKELETAL SYSTEM    |        |          |          |

**SECTION 3 – INVESTIGATIONS**

| <b>URINE TEST</b>                 |                   |               |
|-----------------------------------|-------------------|---------------|
| <b>ITEM</b>                       | <b>DATE TAKEN</b> | <b>RESULT</b> |
| a. ALBUMIN                        |                   |               |
| b. SUGAR                          |                   |               |
| c. MICROSCOPIC                    |                   |               |
| d. MORPHINE                       |                   |               |
| e. CANNABIS                       |                   |               |
| f. AMPHETAMINES TYPE<br>STIMULANT |                   |               |

| <b>URINE TEST</b>       |                   |               |
|-------------------------|-------------------|---------------|
| <b>ITEM</b>             | <b>DATE TAKEN</b> | <b>RESULT</b> |
| a. HEPATITIS Bs ANTIGEN |                   |               |
| b. HEPATITIS C          |                   |               |
| c. HIV                  |                   |               |
| d. VDRL / TPHA          |                   |               |
| e. MALARIAL PARASITE    |                   |               |

| <b>CHEST X-RAY INFORMATION</b> |  |
|--------------------------------|--|
| CHEST X-RAY NO.                |  |
| DATE TAKEN                     |  |
| PLACE TAKEN                    |  |
| REPORT                         |  |
|                                |  |
|                                |  |

**SECTION 4 – CERTIFICATION BY THE EXAMINING DOCTOR**

**Please tick ( ✓ ) in the appropriate box**

I certify that I have on this date \_\_\_\_\_ examined

Mr/Ms \_\_\_\_\_

Passport No. \_\_\_\_\_ and found him / her.

IN GOOD HEALTH

HAVING THE FOLLOWING MEDICAL COMPLICATION (S) (Please State)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UNDERGOING TREATMENT FOR : (Please State)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date : \_\_\_\_\_

Signature of Doctor : \_\_\_\_\_

Name of Doctor : \_\_\_\_\_

Qualification : \_\_\_\_\_

Hospital / Clinic : \_\_\_\_\_

Registration Number

Official Stamp : \_\_\_\_\_

REMARKS BY UNIVERSITY / COLLEGE OFFICIAL :

\_\_\_\_\_

