



AIMST UNIVERSITY
Student Admissions & Records Division (SARD)
OFFER LETTER PACKAGE

Dear Valued Applicant,

Congratulations! You are being selected to further your studies at AIMST UNIVERSITY. We are pleased to invite you to the Registration Day for your programme.

As a first step into a whole new world of university life we are providing you with this *Offer Letter Package* with some essential information for you to read, understand and complete before you enrol into the programme. This Offer Letter Package comprises of:

A. STUDENT ADMISSIONS & RECORDS DIVISION (SARD)

- | | | |
|--|--------------------------|---|
| 1. Offer Letter - will be sent to you | <input type="checkbox"/> | For your reference |
| 2. Reply Slip | <input type="checkbox"/> | To be completed & whatsapp to SARD division |
| 3. Registration Day Checklist | <input type="checkbox"/> | To be completed & presented on Registration Day |
| 4. Registration Form | <input type="checkbox"/> | To be completed & presented on Registration Day |
| 5. Consent Form for Medical Emergency Care | <input type="checkbox"/> | To be completed & presented on Registration Day |
| 6. Equal Opportunities Monitoring Form | <input type="checkbox"/> | To be completed & presented on Registration Day |

B. FINANCE & ACCOUNTS DIVISION (FAD)

- | | | |
|---|--------------------------|---|
| 1. Fees Structure with Finance Terms & Refund Policy- will be sent to you | <input type="checkbox"/> | For your reference |
| 2. PTPTN Checklist
(<i>Diploma & degree courses only</i>) | <input type="checkbox"/> | To be completed & presented on Registration Day |

Kindly download & complete all the necessary forms before the Registration Day.

Thank you for choosing AIMST University and please contact us for any clarification

Student Admissions & Records Division

*Students can download Rules & Regulations forms can be downloaded www.aimst.edu.my

*Students Rules & Regulations can be downloaded from www.aimst.edu.my under the Offer Letter Package Form link.



REPLY SLIP

PLEASE WHATSUP TO : Attn: Student Admissions, AIMST University
WHATSAPP NO. : 011-10952358

Student's Name : _____ I/C No. _____

Contact No. : _____ Email: _____

Student's Signature _____ Date (dd/mm/yy) _____

A. ACCEPTANCE OF OFFER

I hereby **Accept** **Do not Accept**
 Would like to postpone to _____ intake*

The offer to the following programme:

Programme	Intake

B. PAYMENT OF FEES

Please read and understand the Fee Structure and Refund Policy. Enrolment is not valid without full payment of fees as stipulated in our Admissions or Offer Letter.

C. REGISTRATION DAY

Please refer to Offer Letter for the correct date, time and venue of the Registration Day. All registration is subject to availability of seat whenever applicable.

D. POSTPONEMENT OF INTAKE (If applicable)

Your offer letter is void once you request for a postponement. However a new offer letter will be subsequently issued.

*I wish to postpone my enrolment due to the following reason(s):

By submitting your personal data to us, you consent to us collecting, using, disclosing and processing your personal data in accordance with our PDPA Notice. Please refer to our website www.aimst.edu.my for further details. If you agree for your personal data to be collected and processed by us please tick (✓) in the box below.

() Agree () Disagree

Name :
I/C No./Pasport No. :
Date :



AIMST UNIVERSITY

REGISTRATION FORM

No. Perakuan Institusi : DU010(K)

INSTRUCTIONS: Please **complete** this form and submit the form during registration. This form must be returned to Student Admissions & Records Division

A. PERSONAL DETAILS

Name: (As per I.C/Passport)			
Address:		Home No:	
		Hand phone:	
		Email Add:	
IC No./Passport No:		Gender:	Race:
Date of Birth:	Place of birth:	Marital Status:	Religion:
Parent's/Guardian's Name:		IC No./Passport No:	
Relationship:		Hand phone:	
Address:		Home No:	Office No:

B. PROGRAMME OF STUDY

Admission Level: Year _____ Term/Semester _____		Duration:	Intake:
Faculty:			
Name of programme enrolled (As per Offer Letter)			

C. DECLARATION

Upon registration on this day I have been given the following documents:

- Fee Structure and Refund Policy
- PTPTN Checklist (for Degree & Diploma only)
- Equal Opportunities Monitoring Form
- Medical Report Form
- Consent Form for Medical Emergency Care

I declare that I have read and fully understand the contents of this form and that all the statements contained in this form and in my application form is true. I understand that my candidature in this University may be cancelled or suspended if any are found to be false. In signing this REGISTRATION FORM I accept that I will be bound by the terms, conditions and policies stated in the documents stated above. I also undertake to pay all the fees for the programme I am enrolled as stipulated by the University.

Signature _____ Date _____

FOR OFFICE USE

ID No.

--	--	--	--	--	--	--	--	--	--

 Payment RM _____ Signature _____
Billing RM _____ Signature _____

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() Agree () Disagree

Name :
I/C No./Pasport No. :
Date :



AIMST UNIVERSITY

No. Perakuan Institusi : DU010(K)

Consent Form For Medical Emergency Care

Student's Name :

Date of Birth :

Age :

Gender :

Phone No. :

Please list any medical conditions that the AIMST staff needs to be aware of (allergies, medication used, operations undergone, physical needs, etc.):

If parents or guardian are not available in an emergency, please notify:

Name :

Relationship :

Home Phone No.:

Mobile Phone No.:

Medical Emergency Consent

In case of medical emergency, I understand that every reasonable effort will be made to contact me. In the event that I cannot be reached, this consent shall allow the AIMST staff to obtain whatever emergency treatment/care deemed necessary for the health and well-being of this student. In case of medical emergency,

I consent to any X-ray examination, injections, anesthetic, medical, dental or surgical diagnostic testing and treatment or surgery to be rendered to the student under the supervision and on the advice of a licensed physician.

AIMST/ AIMST Staff will NOT be held liable for any consequences that may follow.

Signature of Parent or Guardian

Name :

IC No:

Relationship :

Date:

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() Agree

() Disagree

Name :
I/C No./Pasport No. :
Date :

Equal Opportunities Monitoring Form

AIMST University is committed to ensuring that all applicants are considered equal, irrespective of gender, marital status, disability, religion, social class, nationality or ethnic origin.

In order to monitor the effectiveness of our Equal Opportunities Policy, we require applicants to provide the information outlined below. This information is confidential. In the event of your admission to the course, this information will form part of your student record and will continue to be used for monitoring purposes throughout your studies at AIMST University. Acceptance into our programmes does not imply automatic registration into the regulatory bodies.

PERSONAL DETAILS (Please complete in CAPITAL letters)

FIRST NAME: _____ Surname/Family Name: _____

Date of Birth (Day/Month/Year) _____ Nationality: _____

I have no disability please enter (✓) in the box if the statement is true.

DISABILITY

If you are disabled, have a specific learning difficulty or long term medical condition that may require adjustments in standards, please let us know. Please indicate (✓) which term is descriptive of your disability:

Dyslexia / Dyspraxia / ADHD	<input type="checkbox"/>	Autistic Spectrum Disorder /Aspergers Syndrome	<input type="checkbox"/>
Low vision/ partially sighted	<input type="checkbox"/>	Unseen disability e.g. diabetes, epilepsy	<input type="checkbox"/>
Deaf / hearing impairment	<input type="checkbox"/>	Disability not listed above	<input type="checkbox"/>
Wheelchair user / mobility difficulties	<input type="checkbox"/>	Multiple Disabilities	<input type="checkbox"/>
Mental Health difficulties	<input type="checkbox"/>	Please specify: _____	

Please list any adjustments or aids you think you may require: _____

Criminal Conviction (S)

If you have a relevant criminal conviction, please enter (✓) in the box:

Relevant criminal convictions are only those convictions for offences against a person, whether of a violent or sexual nature, and convictions for offences involving unlawfully supplying controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking. However, if you are applying for courses in teaching, health, social work and courses involving work with children or vulnerable adults, you must tell us about criminal convictions, including spent sentences and cautions (Including verbal cautions) and bind – over orders. I understand that failure to disclose such information may result in the revocation of an offer of admission.

Date: _____

Signature: _____

By submitting your personal data to us, you consent to us collecting, using, disclosing and processing your personal data in accordance with our PDPA Notice. Please refer to our website www.aimst.edu.my for further details. If you agree for your personal data to be collected and processed by us please tick (✓) in the box below.

() Agree

() Disagree

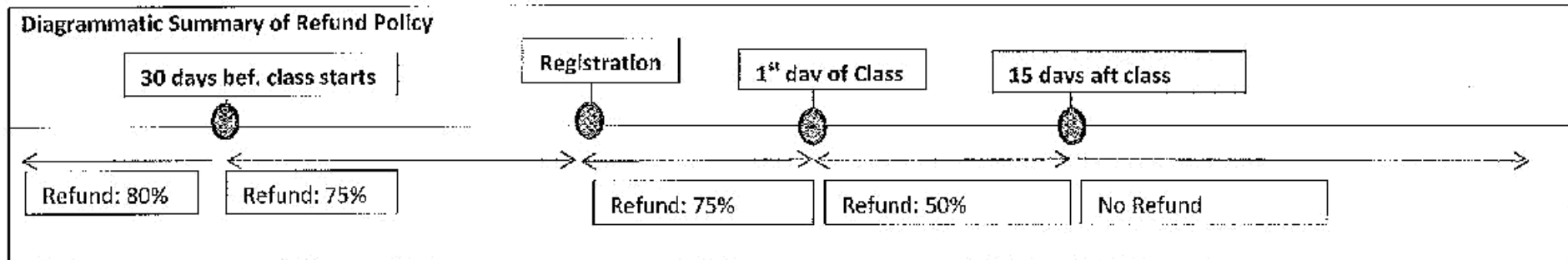
Name :
I/C No./Pasport No. :
Date :



Refund Policy

Submission of Witten Notice of Withdrawal	Percentage of Refund		
	Tuition Fee	Basic Fee	Accommodation Fee
More than 30 calendar days BEFORE the commencement of class.	80%	All except Registration Fee	100%
Within 30 days BEFORE the commencement of class.	75%	All except Registration Fee	100%
After Registration but BEFORE the commencement of class.	75%	All except Registration & Medical Insurance Fee	All except key charges and 1month rate.
Within 15 days AFTER first day of class	50%	Examination Fee	All except key charges and 1 month rate.
After 15 days AFTER first day of class	No refund	No refund	Refund balance of months still unutilised (if any).

**Number of days refers to Calendar Days*



Rev 2

Effective Date: Sept 2015

**This refund policy is only applicable for those where the full amount of Tuition Fee and Basic Fee is paid in full.*