Pusat Pengajian
Pengurusan Perniagaan
SCHOOL OF BUSINESS MANAGEMENT
Universiti Utara Malaysia

School of Business Management,
Universiti Utara Malaysia,
06010 Sintok, Kedah
Tel: 04 - 9287420
Fax: 04 – 9287422

REGISTRATION FORM

SBM ASSOCIATE

PASSPORT

PICTURE

A. Personal Information

Name: _____

IC/ Passport no: _____

Age: _____ Contact no: _____

Programme:_____ Semester: _____

Address:_____

_____

Citizenship: _____ Email: _____

Area of Specialization: _____ (e.g; multimedia/corporate branding)

B. Language Proficiency

Speaking	Writing
- - -	- - -

C. Extra-Curricular Activities & Social Service

In School/ College/ University	Outside School/ College/ University
- - -	- - -

D. Applicant's Declaration

I certify that the above information is correct and I understand that any false information in this application, or its supporting documents, will become sufficient grounds for refusal or termination of employment in SBM Associates, without notice.

Date: _____ Applicant's Signature: _____

* for office use

Date of Receipt: _____

Outcome of Interview:

_____

Notes:

_____

_____

_____