

Please complete the application form and return it to:

Student Services Centre

International University of Malaya-Wales Sdn. Bhd.

DU039(W) 201101030828 (958963-T)

Administration Wing, 1st Floor, Block A, City Campus, Jalan Tun Ismail, 50480 Kuala Lumpur, Malaysia.

☎ 603 2617 3017

✉ ssc@umwales.edu.my

PART A: Personal Details

Surname / Family Name	_____	Salutation	<input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs
Given Name(s)	_____		
NRIC No./Passport No.	_____		
Designation	_____		
Nationality	_____		
Correspondence Address	_____		

Postcode	_____	City	_____
State	_____	Country	_____
Mobile	_____	Telephone	_____
Email	_____		
Course Studied	_____		

Campus	_____		
Year Qualification Awarded	_____		

PART B: Applicant Declaration

I declare that the information provided by me in connection with the application is true and correct. I will abide by UM-Wales Alumni rules if my application is approved.

Applicant's signature

Date

PART C: UM-Wales Alumni Office *(for office use only)*

Date Received: _____

Alumni Membership: Accepted Rejected

Alumni Membership No.: _____