



**UNIVERSITI KEBANGSAAN MALAYSIA**  
**RESEARCH METHODOLOGY COURSE**  
Application for Admission

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Name: \_\_\_\_\_ UKM(PER) : \_\_\_\_\_

I.C No.: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Since: \_\_\_\_\_

Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Faculty: \_\_\_\_\_

Department: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Emergency contact address: \_\_\_\_\_

\_\_\_\_\_

Telephone (Office): \_\_\_\_\_ (Home): \_\_\_\_\_ (Emerg): \_\_\_\_\_

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**Educational Background**      *List most recent degrees first*

College or University: \_\_\_\_\_

Date: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

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**Teaching Interests**

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**Research  
Interests**

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**Professional  
Background**

*List most recent positions first*

*Employer*

*Date*

*Title/Position*

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**Academic and  
Professional  
Distinctions**

*List below any academic honours you have received*

*List any professional organizations to which you currently  
belong. Include any current past offices*

*List any recent publications*

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**Current  
position**

*Briefly describe the range of your responsibilities in your current position*

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**Anticipated  
Contribution**

*In what ways do you expect your background, experience and capabilities to contribute to classroom and study group discussion.*

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**Personal  
Statement**

*Describe, in as succinct a manner as possible, the two most important challenges you face in your profession. Use additional space for this question if necessary*

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**Additional  
Information**

*You may add any additional information which you feel relevant*

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Expected date of study: \_\_\_\_\_

Field of study: \_\_\_\_\_

Place of study: \_\_\_\_\_

Intended programme: \_\_\_\_\_

(Ph.D./Masters/.....)

Nature of programme: \_\_\_\_\_

(Courseworks /Courseworks and Thesis/Thesis/ .....)

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Return completed applications form to:

*Unit Latihan  
Bahagian Sumber Manusia  
Jabatan Pendaftar, Universiti Kebangsaan Malaysia  
43600 Bangi, Selangor Darul Ehsan*

\_\_\_\_\_  
( Applicants Signature )

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

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**APPROVAL BY DEAN/HEAD DEPARTMENT**

Comment (if any)

Name:  
Signature:

Stamp of Department  
Date: