ROF-01/11
Infrastructure University Kuala Lumpur
Please complete in CAPITAL LETTERS and tick (√) where applicable.
PROPOSED PLAN OF STUDY
1. Category of student 2. Duration 3. Intended Semester to Register
Exchange Student One semester March June
Visiting Student Two Semesters Sept/Oct Year :
Professional or personal enhancement. Other: From To
4. Course(s) you wish to register
Course Code Course Title Credit Hours
PERSONAL DETAILS
Full Name (Please underline family name)
Correspondence Address
Postcode : City :
State Country Country
NRIC/Passport No : Nationality : Nationality :
Date of Expiry : Date of Issue :
Place & Country of Issue :
Contact No : E-mail :
Ethnic Origin (Malaysian Only): Religion :
Date of Birth : / / Age : Gender : Male Female
d d mm y y
PARENTS/NEXT OF KIN INFORMATION
Full Name : .
Relationship : Occupation :
Contact No :
Address :
Postcode : City
State : Country : Country :
Emergency Contact No :