



MISSIB Professional & Educational Centre (MPEC)

## Student Enquiry Form

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

Course Interested: ( ) Pharmacy ( ) Biotechnology ( ) Medicine  
( ) Dentistry ( ) Engineering Others \_\_\_\_\_

1. Name : \_\_\_\_\_

2. Sex : ( ) Female ( ) Male

3. Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

4. Telephone (H): \_\_\_\_\_ Tel (H/P) \_\_\_\_\_

5. NRIC: \_\_\_\_\_

6. D.O.B: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

7. Marital Status: \_\_\_\_\_

8. E-mail: \_\_\_\_\_

9. Latest examination attempted?

SPM

(If you have forecast results / Expected result)

\_\_\_\_\_

STPM

MATRICULATION

A-LEVEL

OTHERS, Please state \_\_\_\_\_

10. Final Grade / CGPA? (If you have the results / Expected result)

\_\_\_\_\_

11. Application form needed?

Yes  No

12. Financial Support

Parents  Loan  Scholarship \_\_\_\_\_

13. Investment budget for study

\_\_\_\_\_

14. **Particulars of Parents**

Father's name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

Father's monthly income: \_\_\_\_\_

Telephone (Office): \_\_\_\_\_ Tel (H/P): \_\_\_\_\_

Mother's name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's monthly income: \_\_\_\_\_

Telephone (Office): \_\_\_\_\_ Tel (H/P): \_\_\_\_\_

**For Office Use Only**

ACTION REQUIRED	ENQUIRY TYPE
<input type="checkbox"/> Send Brochure <input type="checkbox"/> Send Application Form <input type="checkbox"/> Reply to Further Enquiry <input type="checkbox"/> Return Call <input type="checkbox"/> Send Newsletter	<input type="checkbox"/> Phone <input type="checkbox"/> Post <input type="checkbox"/> Walk in <input type="checkbox"/> E- mail <input type="checkbox"/> Education Fair
Counseled By: _____	_____

Commentary CRC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

