

STUDENTS APPLICATION FORM

☐

Local

☐

International

Photo
2 copies
3.5cm x 5cm
with blue
background

Please tick (✓) the appropriate box to indicate the institution you wish to apply to:

Intake: Month Year Name of Applicant: _____

SCCA ACADEMY

Business

☐ Salon Management ☐ Other _____

Art

☐ Diploma in Fashion Design (IMB) ☐ Professional Diploma in Film Production
☐ Diploma in Pattern Making (IMB) ☐ Intensive Filmmaking Course
☐ Diploma in Dress Making (IMB) ☐ Emcee & Public Speaking (Eng / Chi)
☐ Diploma in Fashion Stylist (IMB) ☐ Professional Modeling -Full Course (F / M)
☐ Super Star Program ☐ Certificate in Modelling (F / M) - Catwalk
☐ Fundamental Acting & Drama ☐ Kids Modelling ☐ Other _____

Beauty Cosmetology

☐ Professional Diploma in Face Art and Retail Management ☐ Professional Diploma in Hairdressing (SKM 2 & 3 / Cert III) ☐ Up Skilling Programme
☐ Certificate in Pro-Advance Face Art Design ☐ Certificate in Comprehensive Hairdressing (SKM 2 / Cert II) ☐ Nail Art Design
☐ Certificate in Bridal Face Art Design ☐ Certificate in Comprehensive Hairdressing ☐ Pro Diploma Nail
☐ Air Brush Makeup ☐ Certificate in Barbering ☐ Advance Nail Studio
☐ Artistic Face Art Design ☐ Other _____

SCCA COLLEGE

ODL Bachelor Degree

☐ New Media & Communication (Mass Comm) (3 Years)
☐ Beauty Cosmetology (3 Years)

☐ Other _____

ODL Diploma

☐ New Media & Communication (Mass Comm) (1 Year 4 Months)
☐ Business Management (1 Year 4 Months)
☐ Beauty Cosmetology (1 Year 4 Months)

MQA Diploma

☐ Diploma in Mass Communication (2 Years 4 Months) ☐ Diploma In Fashion Design (2 Years 4 Months)
☐ Diploma in Business Management (2 Years 4 Months) ☐ Diploma In Dress Making (For Fashion Designer) (2 Years 4 Months)
☐ Film Production (2 Years 4 Months) ☐ Diploma in Hairdressing (2 Years 4 Months)
☐ Other _____

Have you made any previous applications to the SCCA?

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NO

☐

YES

Please specify: _____

Were you previously a registered student at any other educational institution in Malaysia?

☐

NO

☐

YES

(Name of institution) _____

If yes, specify year(s) _____

Note:

1. All sections must be completed including the necessary signature(s) in the relevant sections.
2. Attach a set of certified copies of all academic qualifications, photograph (2 copies 3.5cm x 5cm with blue background) and 2 sets of photocopies of Passport (all pages, A4 size).
3. Copies of documents and photographs submitted will be filed for our record purposes and will not be returned, even if the applicant decides not to continue with his/her application after submission. All information and documents given will be kept in confidence and in accordance with the Personal Data Protection Act 2010.
4. Enclose the non-refundable application fee made payable to either SCCA as the case may be.
5. Submit a valid Medical Report together with the application form.
6. Failure to comply with these procedures may result in a delay in processing this application.

A : DETAILS OF APPLICANT

(Please use **BLOCK LETTERS** and underline surname)

Full Name (as in Passport)

Age **Date of Birth (DD/MM/YY)** **Country of Birth**

Nationality:

Passport No. / New I/C Number

Valid until:

Gender:

Marital Status

☐

Male

☐

Female

☐

Married

☐

Single

Permanent Address (home country address)

Postcode / Zip code **City**

State / Province

Country

Tel. No. (House)

Tel. No. (Mobile)

Correspondence Address in Malaysia

Postcode / Zip code

Tel. No. (House)

Tel. No. (Mobile)

E-Mail Address

Do you have any medical condition(s) that require(s) special assistance?

☐

NO

☐

YES

If YES, please specify

Please name the location of the nearest Malaysian Embassy / High Commission / Consulate for your student entry visa application:

(Note: Malaysian RM150 (about USD42) will be charged for any subsequent change of embassy/high commission/consulate after this application has been submitted.)

Your own Country

Neighbouring Country (if there is none in your country)

Name of Country _____ City _____

Name of Country _____ City _____

B : DETAILS OF PARENTS, GUARDIAN OR NEXT OF KIN

(Please fill in the following information for emergency contact)

1) Name of Father / Guardian (as in Passport)

Correspondence Address (if different from permanent address in Section A)

Postcode / Zip code City

State / Province

Country

Tel. No. (House)

Tel. No. (Mobile)

Tel. No. (Office)

E-Mail Address

2) Name of Mother (as in Passport)

Tel. No. (House)

Tel. No. (Mobile)

C : ACADEMIC QUALIFICATIONS

1. Please state ALL the relevant academic qualification(s) that you hold
(Enclose all relevant documents to support your qualifications)

Name of Course	Name of Institution	Details of Qualifications	Year

2. English Language Achievements (please tick the appropriate box)

☐ TOEFL ☐ IELTS ☐ Others (specify) _____

D : DECLARATION

- I certify that the information given herein is true and correct, and I acknowledge that any false and/or incorrect information or documentary evidence may result in the cancellation of my enrolment in the program of study.
- I understand that the offer letter issued to me will become void if I fail to submit all the relevant documents and pay the required course fees by the due date.
- I agree to inform the Registrar in writing of any change in the information given herein, and I understand that SCCA will not be held liable as a result of my failure to do so.
- I understand and agree that SCCA shall forfeit the security deposit paid by me if I remain inactive for one year without notifying the Registrar in writing.
- I understand and agree that SCCA shall cancel my student visa and notify the relevant government agencies/bodies if I remain inactive for one year without notifying the Registrar in writing.
- I understand and agree that any fees, deposits and/or monies due to me that remain unclaimed for a period of one year or more from the date of my becoming inactive in my program of study, will be transferred to any nominated education or charitable fund without further reference to me.
- I understand and agree to use the technology resources and facilities at SCCA for educational, academic research and study purposes only, and SCCA shall not be held liable for any violation of rules and regulations relating to those resources perpetuated by me.
- I hereby agree and authorise SCCA to release my personal information given herein to any authorised agencies and/or bodies of SCCA or its business partners for the purpose of enrolment, educational evaluation, transfer of courses and any other administrative process; and to any relevant government bodies/agencies for enforcement of the law.
- I authorise and grant SCCA the right to use my personal information such as name, credentials, academic record, image, and spoken and written records of my activities at SCCA, in posters, leaflets, brochures, advertisements, websites, films, electronic recordings and the like for the marketing and promotion of SCCA corporate image and programs of study, and/or any purposes incidental to it.
- I understand and agree that SCCA and its authorised representatives shall have unlimited use of, and exclusive rights, titles and interests including copyrights over, the materials mentioned in clause 8 herein, during and after my graduation from SCCA.
- I understand and agree that SCCA shall release my examination results and my academic record to my parents and/or sponsor(s) as and when it is deemed necessary.
- I understand and agree that if I revoke my consent to any of the terms specified in clauses 8, 9 & 10 herein, I must do so in writing to the Registrar of SCCA, and that all actions taken by SCCA prior to the revocation in exercise of their rights in respect of me will not be affected.
- I understand and agree to comply with all policies, rules and regulations of SCCA, including the rules and regulations of the respective departments, during my program of study at SCCA.
- I hereby declare that I have read and understood all the terms herein and agree to abide by them.
- Payable to : **SNIPS ACADEMY SDN BHD** Bank Details : **MALAYAN BANKING BEHAD** Account No : **514280419029**

Applicants Signature _____ Applicants Name _____ Date _____

E : DECLARATION BY PARENT / GUARDIAN / SPONSOR IF THE APPLICANT IS BELOW 21 YEARS OF AGE

I _____ hereby undertake to guarantee the good conduct of the applicant (student name _____, reference no. _____) while he / she is studying at Snips Academy / Snips College of Creative Arts. I also agree to pay all fees by the due date to the institution on his / her behalf in accordance with the regulations of SCCA.

Signature of Parent / Guardian / Sponsor _____ Relationship _____ Date _____

FOR OFFICE USE ONLY

Recruitment agent, if applicable : _____ (Please print name in BLOCK LETTERS) Date: _____

Education advisor : _____ (Please print name in BLOCK LETTERS) Date: _____

Application received by : _____ (Please print name in BLOCK LETTERS) Date: _____

Programme

Administration Fee : _____

Course Fee : _____

Promotion : _____