



**SEGi**  
University &  
Colleges

**UEC SM3 Graduates' Career Planning Camp -  
Discovering Your Dream Career Application Form**  
(独中高中统考毕业生事业生涯规划营 - 逐梦秘笈报名表格)  
(9 December 2024 to 11 December 2024)

**Personal Information**

**Full Name:**  
(As per NRIC)

**Date of Birth:**  
(DD/MM/YYYY)

**Gender:**  
(Male/ Female)

**Nationality:**

**NRIC Number:**

**School Name in Full:**

**Student ID Number:**

**Stream:**  
(e.g., Science, Arts, Commerce, etc.)

**Year of UEC SM3 Exam:**  
(e.g., 2023, 2024, etc.)

**Contact Information**

**Home Address:**  
(including postcode, city/ town, province/ state, country)

**Email Address:**

**Mobile Phone Number:**

**Emergency Contact Name:**

- 1.
- 2.

**Emergency Contact Phone Number:**

- 1.
- 2.

**Have you participated in any similar programs before?**

1. Yes
  2. No
- (If yes, please specify):

**What interests you about this program?**

(Please provide a brief statement.)

- 1.
- 2.

**What do you hope to learn from this experience?**

(Please provide a brief statement.)

- 1.
- 2.

**What programmes are you most interested in exploring?**

(Please select all that apply with circle on the number.)

1. Engineering
2. Medical, Dentistry & Pharmacy
3. Optometry, Physiotherapy
4. Nursing & Allied Health Sciences
5. Biotechnology
6. Information Technology
7. Education
8. Psychology
9. Mass Communication
10. Accounting, Finance & Business
11. Hospitality, Tourism & Culinary Arts

**Health and Safety**

**Do you have any medical conditions or dietary restrictions we should be aware of?**

1. Yes
  2. No
- (If yes, please specify):

**Do you have travel insurance?**

1. Yes
2. No

**Consent and Declaration:**

- I confirm that the information provided above is accurate and complete.
- I understand that providing false information may result in disqualification from the programme.
- I understand that participation in the programme requires adherence to all guidelines and regulations.
- I give consent for my personal data to be processed for the purposes of this programme.
- I am responsible for my personal travelling from the departing city to Kota Damansara to participate in this programme.

**Signature:**

**Full Name:**

**National Identity Card Number:**

**Date:**

\* Please contact Mr. Tan Kheng Por, Director of Global Partnerships & Operations, Faculty of Education, Languages, Psychology & Music, SEGi University via email address [tankhengpor@segi.edu.my](mailto:tankhengpor@segi.edu.my) if you have any query.

**Payment Instruction**

The participation charges RM50.00 are required to be made to the following bank account number **latest by 25 November 2024:**

**Beneficiary Name: SEGi UNIVERSITY SDN BHD**

**Bank Name: OCBC Bank (Malaysia) Berhad**

**Beneficiary Bank Account Number: 707-105-9595 (OCBC Bank)**

**Swift Code: OCBCMYKL**

**Beneficiary Phone Number: +603-6145 2777 Fax: +603-6145 2666**

**Banker's Address: Damansara Utama (Uptown Branch) Selangor**

### **Submission Instructions**

Please submit your completed application form, indemnity form and all required documents to [tankhengpor@segi.edu.my](mailto:tankhengpor@segi.edu.my) by **25 November 2024**.

The required information including the (1) payment slip, (2) passport size photo, (3) completed application form, (4) completed indemnity form. SEGi University reserves the right to remove and decline your participation if the information provided are incorrect and misleading.



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#### **SEGi University**

No.9, Jalan Teknologi, Taman Sains Selangor,  
Kota Damansara, PJU 5, 47810 Petaling Jaya,  
Selangor, Malaysia.

Tel: 603-61451777