

EDUCATION REPRESENTATIVE

Company Name : _____
Contact Person : _____
Mailing Address : _____
(Postcode) (State) (Country)
Contact No. : (Telephone) (Mobile) (Fax)
Email Address : _____

FOR OFFICE USE ONLY

Counselled by : _____ Date : _____ (DD/MM/YY)
: Walk-in / Call-in / SIS Event / Infos / Info Centre / Representative / International Office / Others : _____
Readiness Assessment (Scheduled on _____ (DD/MM/YY))
Remarks : _____

INTERNATIONAL OFFICE

Student Pass Non-student Pass

Remarks : _____

Signature of Director of International Office
Date : _____ (DD/MM/YY)

PRINCIPAL OFFICE

Offer without Condition(s) Conditional Offer Decline

Remarks : _____

Signature of Principal / Deputy Principal
Date : _____ (DD/MM/YY)

Review of Conditional Offer :

Condition(s) Fulfilled Decline

Remarks : _____

Signature of Principal / Deputy Principal
Date : _____ (DD/MM/YY)