



Please affix a passport-sized photograph here
申请学生照片

FOR OFFICE USE 院方填写	
Student ID	Email

SECTION A - COURSE APPLICATION DETAILS 申请课程信息

Course Name 课程名称					
Course Code 课程编号	Intake 开课日期 (DD/MM/YYYY)	Mode 全职或业余	<input type="checkbox"/> Full-Time 全日制	<input type="checkbox"/> Part-Time 业余班	

SECTION B - PARTICULARS OF APPLICANT 申请者资料

Name (as in NRIC or Passport) 姓名 (与身份证或护照一致)					
NRIC/Emp Pass/Dep's Pass/Work Permit No. 身份证/就业准证/家属准证/工作准证号码	Expiry Date of Pass(DD/MM/YYYY) 准证有效期至				
Nationality 国籍	Gender 性别	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Date of Birth (DD/MM/YYYY) 出生日期		
Age 年龄	Email 邮箱	Race 种族			
Occupation 职业	Handphone no. 手机号码	Home Tel no. 住宅电话号码	Office Tel no. 办公室电话号码		
Highest Education 最高学历	*Please attach copies of certificates and transcript *请附上最高学历公证和最高成绩公证		Address in Singapore 新加坡住址	Postal Code 邮政编码()	

SECTION C - APPLICANT'S PARENT OR GUARDIAN (FOR APPLICANT BELOW 18 YEARS OLD) / EMERGENCY CONTACT DETAILS 申请者父母或监护人信息 (年龄小于18周岁的申请者需提供) / 紧急联系人信息

Name (as in NRIC or Passport) 姓名 (与身份证或护照一致)					
NRIC / Passport No. 身份证或护照号码	Relationship 关系		Occupation 职业		
Address 联系地址	Postal Code 邮政编码()		Contact No. 联系号码		

SECTION D - IMPORTANT CHECKLIST 检查清单

Application form duly completed 填写完整的《本地学生课程申请表》	<input type="checkbox"/>
Birth certificate or equivalent 出生公证	<input type="checkbox"/>
1 Passport-size photographs (your name written on the reverse side of each photograph) 护照型照片1张 (白色背景, 背面写上姓名)	<input type="checkbox"/>
1 Photocopy of NRIC / Employment Pass / Dependent Pass / Work Permit 身份证/就业准证/家属准证/工作准证复印件1份	<input type="checkbox"/>
Copies of Highest Education Certificates and Transcripts 最高学历公证和最高成绩公证	<input type="checkbox"/>
1 Photocopy of Parent's or Guardian's Identity / Passport (for applicant below 18 years old) 父母或监护人身份证/护照复印件 (年龄小于18周岁的申请者需提供)	<input type="checkbox"/>
Proof of English Proficiency or IELTS or TOEFL Score Sheet (if applicable) 英文水平测试卷或雅思成绩单或托福成绩单 (如需)	<input type="checkbox"/>
Proof of Valid Medical Insurance Plan (if any) 医疗及意外保险证明 (如需)	<input type="checkbox"/>

SECTION E - DECLARATION BY APPLICANT 申请者声明

<input type="checkbox"/> I understand that I will need to pay a non-refundable Application Fee upon application of the course. 在申请课程的时候, 本人完全清楚需交纳的申请费是不可退还的。	
<input type="checkbox"/> I have / do not have (delete where not applicable) an existing valid medical insurance plan. 本人已经购买/没有购买 (请删除不适用选项) 医疗及意外保险。	
<input type="checkbox"/> I am fully aware that the time-table will only be released during orientation and subject to change. 本人完全清楚只有在入学指导的时候我才能获知课程安排, 并且课程安排有可能会有所变动。	
<input type="checkbox"/> I confirm and declare that all the information furnished by me in this application is true and accurate. 本人谨此声明自己所提交的申请资料和信息一切属实。	
<input type="checkbox"/> I fully understand that DIMENSIONS will only evaluate this application when documents submitted are complete and accurate. 本人确认只有当我提交的文件完整并准确时, 博偉国际教育学院才给予评估。	
Applicant's Signature 申请者签名	Date 日期

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EVALUATION AND RECOMMENDATION BY CUSTOMER SERVICE DEPARTMENT					
<input type="checkbox"/> No Agent		<input type="checkbox"/> With Agent, Name:		Agent's Code:	
Applicant meet minimum English proficiency requirements:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Applicant meet entry requirements:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Originality of document verification:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pre-course Counselling Conducted:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Signature		Name		Date	
DOCUMENTATION CHECK BY ADMINISTRATIVE DEPARTMENT					
Document checked for completeness by:					
Signature		Name		Date	
MANAGEMENT APPROVAL ON SELECTION					
<input type="checkbox"/> Approve			<input type="checkbox"/> Reject		
Signature		Name		Date	