



FOR OFFICE USE	
Student ID	Email

Please affix a passport-sized photograph here

SECTION A - COURSE APPLICATION DETAILS			
Course Name			
Course Code	Intake(DD/MM/YYYY)	Mode	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

SECTION B - PARTICULARS OF APPLICANT			
Name (as in NRIC or Passport)			
NRIC/Emp Pass/Dep's Pass/Work Permit No.		Expiry Date of Pass (DD/MM/YYYY)	
Nationality	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (DD/MM/YYYY)	
Age	Email	Race	
Occupation	Handphone no.	Home Tel no.	Office Tel no.
Highest Education	Address in Singapore		Postal Code ( )

\*Please attach copies of certificates and transcript

SECTION C - APPLICANT'S PARENT OR GUARDIAN (FOR APPLICANT BELOW 18 YEARS OLD)/EMERGENCY CONTACT DETAILS			
Name (as in NRIC or Passport)			
NRIC / Passport No.	Relationship	Occupation	
Address	Postal Code ( )	Contact No.	

SECTION D - IMPORTANT CHECKLIST	
Application form duly completed	<input type="checkbox"/>
Birth certificate or equivalent	<input type="checkbox"/>
1 Passport-size photographs (your name written on the reverse side of each photograph)	<input type="checkbox"/>
1 Photocopy of NRIC / Employment Pass / Dependent Pass / Work Permit	<input type="checkbox"/>
Copies of Highest Education Certificates and Transcripts	<input type="checkbox"/>
1 Photocopy of Parent's or Guardian's Identity / Passport (for applicant below 18 years old)	<input type="checkbox"/>
Proof of English Proficiency or IELTS or TOEFL Score Sheet (if applicable)	<input type="checkbox"/>
Proof of Valid Medical Insurance Plan (if any)	<input type="checkbox"/>

SECTION E - DECLARATION BY APPLICANT	
<input type="checkbox"/> I understand that I will need to pay a non-refundable Application Fee upon application of the course. <input type="checkbox"/> I <b>have / do not have</b> (delete where not applicable) an existing valid medical insurance plan. <input type="checkbox"/> I am fully aware that the time-table will only be released during orientation and subject to change. <input type="checkbox"/> I confirm and declare that all the information furnished by me in this application is true and accurate. <input type="checkbox"/> I fully understand that DIMENSIONS will only evaluate this application when documents submitted are complete and accurate.	
Applicant's Signature	Date

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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 (CSE/HOD)	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 _____