



Please affix a passport-sized photograph here

FOR OFFICE USE	
Student ID	Email

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 have / do not have (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

FOR ENROLMENT OFFICE USE ONLY			
<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	
Document checked for completeness:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
APPROVAL ON SELECTION:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Remarks (if any):			
Signature	Name	Date	