



APPLICATION FORM

A. Details Information and Contacts of the Applicant			
Title:	Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Address:	
Surname:		P. O. Box:	
First name:		Post code:	
Middle names:		City/Town:	
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Country:	
Position:		Tel. (General):	
		Telephone (Direct):	
Organization:		Fax:	
		Mobile:	
		Email:	
		Website:	

C: Education qualifications of the applicant			
Qualification	Field of Specialization	Year	Name University or College
PhD			
Masters			
Bachelors			
Diploma			
Others			



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D: Keywords of your working experience:

Give an Outline / Abstract of your working experience. *(max 200 words)*.

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E: Short description of how the applicant and her/his organization plan to use the capacity gained as a result of this training *(NOT more than 200 words)*

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F: This application is supported by my employer/supervisor/head of department who will

- Cover the cost of participation in this course
- Assist me in looking for funds to cover the cost of participation
- Allow me leave days /time off

Name of Supervisor

Signature employer/supervisor/head of department



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F: This application is supported by my employer/supervisor/head of department who will
<input type="checkbox"/> ABE (Diploma/Higher Diploma/Graduate Diploma)
<input type="checkbox"/> ABE Tourism and Hospitality Management
<input type="checkbox"/> ABE Business Management
<input type="checkbox"/> Executive Diploma in Islamic Banking and Finance (UUM)
<input type="checkbox"/> Bachelor Business Administration (UK)
<input type="checkbox"/> Master Business Administration (UK)
<input type="checkbox"/> Flight Attendant Preparatory (Short Programme)
<input type="checkbox"/> Croupier Preparatory (Short Programme)
<input type="checkbox"/> Beauty Specialist (Short Programme)
<input type="checkbox"/> Modelling Preparatory (Short Programme)
<input type="checkbox"/> Cabin Crew Preparatory (Short Programme)
<input type="checkbox"/> Brain Power Programme
<input type="checkbox"/> SGP Primary 1 Preparatory
<input type="checkbox"/> SGP PSLE Preparatory
<input type="checkbox"/> Eduleisure Programme
<input type="checkbox"/> Learn English-Phobia Programme

Signature of Applicant
Date

Kindly email the completed form or fax it to us.
Kindly visit our website <http://www.skytutor.com.my/contact.html>
for more detail on our fax number and email.

Please call: **07-2211191 012-7126671 016-7853187**

S:ACADEMY