

Photograph

(Please use superglue or double-sided tape to stick the photo)

Student Application Form for Kaplan Short Courses

Student's Nam	ne:											Apı	olyin	g f	or	Inta	ke	Mor	nth/	Υe	ear:	_						_	
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Current/Graduated	Program	me N	lame a	nd Int	ake: _																								
Current/Graduated	Program	me D	ate of	Comp	oletion:													_											
Kaplan Short (Courses	3																											
☐ Degree Experie☐ English Experie☐ Study Tour☐ Others:	nce Prog	ramn	ne	_		App	licati	ion	Fee:	S\$74	1.90	(inclu	usive o usive o usive o	f G	ST)														
Please note tha		plete	infor	mati	on for	any c	of th	e i	fields	be	ow	will	resul	t in	a	dela	y ir	pro	ces	siı	ng o	f tl	his a	ppl	ica	tior	١.		
1. Personal De Name in English		sport	or	Nar	ne in C	hinese						Gender (please tick) Race																	
Identity Card (Underline Surna				(If applicable)						□ Female □ Male							Nacc												
													Nationality						Pass expiry date: If applicable (Dependent Pass, Long Term Visit Pass, Work Pass etc.)										
Date of Birth (DD/MM/YY) FIN No. (If applicable)			le)	Passport No.					T	Telephone No.					M	Mobile No.													
Home Country Ad	ddress																												
Email Address																													
I I I I																													
Name of Emerge	ncy Conta	act Pe	erson ((Imme	diate fa	amily m	emk	oer.	s only)	F	Relati	onship)				С	onta	ct l	No.								
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Father Full Name of Father Con			Contact No of Father							Email Address of Father							NRIC/Passport/FIN Number												
Mother																													
Full Name of Mothe	r			Con	tact No	of Mothe	er					Ema	il Addre	SS (of M	other						NI	RIC/P	asspo	ort/	FIN N	umb	er	
Legal Guardian* Full Name of Legal				Contact No of Legal Guardian								Email Address of Legal Guardian								NRIC/Passport/FIN Number									
Additional Repre	esentativ	e (O	otional	l)																									
Full Name of Additi			'		tact No	of Addi	iona	al R	eprese	ntativ	re _	Ema	il Addre	ss (of A	dditio	nal	Repre	esenta	ativ	re	NI	RIC/P	asspo	ort/	FIN N	umb	er	

^{*}Should the applicant wish to list an individual other than the natural parent as a legal guardian, please provide Kaplan with a copy of the relevant court and/or legal documents (such as a Power of Attorney) to prove that the said individual is the legal guardian of the applicant.

The role of the additional representative if appointed is merely to receive the important notifications from Kaplan in order to update parents. The representative is not permitted to sign the official document or act on behalf of the parents.

2. Confidentiality Clause

This information you have provided will be treated with strictest confidentiality and in accordance to the Kaplan Privacy Policy (http://www.kaplan.com.sg/about/privacy-policy/. By signing this form, you give consent to our use of your information.

3. Refund Policy

- 1. Refund for Withdrawal Due to Non-Delivery of Course:
 - The PEI will notify the Student within three (3) working days upon knowledge of any of the following:
 - i. It does not commence the course on the Course Commencement Date
 - ii. It terminates the Course before the Course Commencement Date
 - iii. It does not complete the Course by the Course Completion Date
 - iv. It terminate the Course before the Course Completion Date
 - v. It has not ensured that the Student meets the course entry requirement

The Student should be informed in writing of alternative study arrangements (if any), and also be entitled to a refund of the entire Course Fees and Miscellaneous Fees already paid should the Student decide to withdraw, within seven (7) working days of the above notice.

% of the amount of fees paid	If student's written notice of withdrawal is received
[100%]	More than [60] days before the course commencement date
[70%]	Before, but not more than [60] days before the course commencement date
[30%]	Before, but not more than [30] days before the course commencement date
[10%]	Before, but not more than [7] days before the course commencement date
[0%]	On or after the course commencement date

In the event that a student wishes to withdraw from the programme, the application fee and the International student admin fee are not refundable. Students are liable to pay (where applicable) fees that are imposed by the government authorities or other external partners.

4. Pre-Course Counselling Checklist

I confirm I have been advised on/provided information of the following. Please tick($\sqrt{}$) or indicate "NA" if not applicable, in the box next to each item.

	GRAMME & SCHOOL INFORMATION						
So	chool Information - Kaplan Higher Education Academy location, campus facilities and infrastructure and accreditation						
Co	Course Information - Name of award, Awarding Body, Course Structure, Intake, Course Duration, Outlines						
	ntry requirement, including requirement to complete the bridging modules or Extended Induction Programme (EIP) based on the missions decision (where applicable)						
Co	ounselling and Student Support service available						
SECTION B: INTE	RNATIONAL STUDENT						
	udent pass application, procedures and documents required as well as the rules & regulations governing the issuance of a student ss.						
Ac	lvice on medical check-up, etc.						
Ac	lvice on personal and medical insurance						
	formation on Singapore - relevant immigration rules and relevant laws of Singapore. ease refer to https://www.kaplan.com.sg/international-students/how-to-apply/ for further information.						
	o not engage in any form of employment or attend an industrial attachment/internship programme, whether paid or unpaid, without valid work pass issued by Ministry of Manpower						
SECTION C: FEES	PAYABLE AND PAYMENT METHODS						
Th	e tuition fees, non-tuition fees and any other relevant fees payable to Kaplan Higher Education Academy.						
	ne payment modes and methods acceptable by Kaplan Higher Education Academy, including available instalment schemes where plicable, and that all payments must be made to Kaplan Higher Education Academy only.						
Ac	lvisory Note and Student Contract has to be signed and dated before payment can be made.						
SECTION D: FEE F	PROTECTION SCHEME AND STUDENT CONTRACT						

e covers course fees								
dent.								
to regulate the private tee facilitates capability								
esponsibility to ensure that								
and of course fees, and the lled.								
SECTION I: PERSONAL DATA PROTECTION								
e strictest confidentiality and you give consent to our use includes verification of your								
ired to provide your personal form, you acknowledge that								
conduct, etc) to your lan and you as a programme of your								
conduct, etc) to your								
n via:								
with the strictest confidence licant, where possible. You								

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	photographs (on writing background)		
		Payable Account Details	
Fees are payable	by Cash, Cheque (Singapore Banks), NET	S, Visa/Master/AMEX cards, Flywire and Telegraphic Trans	fer.
For p	ayment by cheque (s), please make payabl	e to Kaplan Higher Education Academy Pte Ltd.	
Fo	or payment by Telegraphic Transfer , you m Bank Name Bank Address Beneficiary's Name Account Number/ Swift Code Beneficiary's address	nay refer below for the bank account information. : DBS Bank : 6 Shenton Way, DBS Building, Singapore 068809 : Kaplan Higher Education Academy Pte Ltd : 001-900452-7 / DBSSSGSG : 1 Selegie Road #06-01, PoMo, Singapore 188306	
Declaration:			
Have you ever been refused entry	y into or deported from any country, includin	ig Singapore?	YES / NO
Have you ever been convicted by	a court of law in any country, including Sing	gapore?	YES / NO
Have you ever been prohibited from	om entering Singapore?		YES / NO
Have you ever entered Singapore	e using a different Passport or Name?		YES / NO
IF any of the answer is "YES", ple	ease furnish details on a separate sheet of p	paper	
I hereby apply for admission to the to seek the necessary verification admission will be rescinded. I have	e abovementioned programme. I declare that in from the awarding institutions with regar	at the information given in this form is true and complete. I al rds to my qualifications. I understand that if falsified inforr comply with all the conditions, rules and regulations of Kapla	mation is submitted
I hereby apply for admission to the to seek the necessary verification admission will be rescinded. I have	e abovementioned programme. I declare that in from the awarding institutions with regardive read the programme prospectus and co	at the information given in this form is true and complete. I al rds to my qualifications. I understand that if falsified inforr comply with all the conditions, rules and regulations of Kapla	mation is submitted
I hereby apply for admission to the to seek the necessary verification admission will be rescinded. I hav Academy Pte Ltd, EC-Council and	e abovementioned programme. I declare that in from the awarding institutions with regar ive read the programme prospectus and cod the Immigration and Checkpoints Authority	at the information given in this form is true and complete. I all rds to my qualifications. I understand that if falsified information with all the conditions, rules and regulations of Kaplay of Singapore.	mation is submitted
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I hereby apply for admission to the to seek the necessary verification admission will be rescinded. I have Academy Pte Ltd, EC-Council and Applicant Signature Full Name of Parent/ Legal Gunner Note: For students below 18 years of	e abovementioned programme. I declare that in from the awarding institutions with regardive read the programme prospectus and cod the Immigration and Checkpoints Authority	at the information given in this form is true and complete. I all rds to my qualifications. I understand that if falsified informomply with all the conditions, rules and regulations of Kaplary of Singapore. Date Date	mation is submitted an Higher Education
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Date



Signature



Please provide the following details

STUDENT INFORMATION/UPGRADER/REFERRAL FORM

Course Name and Awarding University/In	stitution:	Intake No.							
Full Name (as it appears on passport/identit	y card):								
Date of Birth:									
Contact Number:									
Fill in the following if you are:									
☐ An existing Kaplan Student	Programme and awarding University/Institution:								
	Intake Number:	Contact Number:							
	Name of Agency:								
☐ Referred by a Kaplan Official Student Recruitment Agent	Specific Agent Email (for receipt of document on behalf of students):								
	Contact Number:								
	Programme and awarding University/Institution:								
□ Referred by a Kaplan Existing Student or Alumni	Full Name of Student:	CT Number:							
	Intake Number:	Contact Number:							
☐ I am a new student and was not referr	ed to Kaplan by an existing student or recruitment	agent.							
Kaplan to seek the necessary verification from admission will be rescinded. I have read the	nentioned programme. I declare that the information ging the awarding institutions with regards to my qualification programme prospectus and comply with all the conditing gration and Checkpoints Authority of Singapore.	ons. I understand that if falsified information is submitte							
Applicant Signature		Date							
Full Name of Parent/ Legal Guardian Signat	ure	Date							
lote: For students below 18 years old, it is manda	atory for the parent / legal guardian to sign on the Student 0	Contract upon approval of application to confirm							

KHEA Short Courses Application Form V12 (INTERNATIONAL) – February 2020