



HOLISTIC EDUCATION TRAINING AND RESEARCH CENTER

No. 50 Jalan 3/11, Taman Sri Pulai Perdana
81300 Skudai Johor

(RECENT PASSPORT
SIZED
PHOTOGRAPH)

LEVEL OF STUDY*:

| | | | | | | | |
|--------|--------------------------|--------|--------------------------|-----|--------------------------|---------|--------------------------|
| Degree | <input type="checkbox"/> | Master | <input type="checkbox"/> | PhD | <input type="checkbox"/> | Eng.Doc | <input type="checkbox"/> |
|--------|--------------------------|--------|--------------------------|-----|--------------------------|---------|--------------------------|

Ref. Number:

A. PERSONAL PARTICULARS

| | | | |
|--|--|-------------------------|---------------------------------|
| Full Name (as in identity card/passport): | | | |
| Identity Card No. | | Passport Number: | |
| Date of Birth (Day/Month/Year): | | Marital Status: | |
| Citizenship: | | Age: | |
| Religion: | | Gender*: | Male <input type="checkbox"/> |
| Occupation: | | | Female <input type="checkbox"/> |
| Correspondence Address: | | | |
| Home address (If different from above): | | | |
| Mobile Phone: | | E-Mail: | |
| Home/Office Telephone No. | | Fax No. | |

B. ACADEMIC INFORMATIONS

| | | | | | |
|------------------------|--------------------------------------|--|---|-----------------------------------|--|
| Bachelor Degree | Name of Programme: | | | | |
| | Name of College / University: | | | Year of Entry: | |
| | | | | Year of Graduation: | |
| Master's Degree | Name of Programme: | | | | |
| | Mode of Study*: | Taught Course <input type="checkbox"/> | Taught Course & Research <input type="checkbox"/> | Research <input type="checkbox"/> | |
| | Mode of Delivery*: | Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> | | |
| Doctoral Degree | Name of Programme: | | | | |
| | Mode of Study*: | Taught Course <input type="checkbox"/> | Taught Course & Research <input type="checkbox"/> | Research <input type="checkbox"/> | |
| | Mode of Delivery*: | Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> | | |

C. FIELD OF RESEARCH

| | | | | | |
|--|---------------|--------------------------|---------------------------|-------------------------------|--------------------------|
| Research Area*: | Spiritual | <input type="checkbox"/> | Assessment and Evaluation | <input type="checkbox"/> | |
| | Leadership | <input type="checkbox"/> | | Policy | <input type="checkbox"/> |
| | Instructional | <input type="checkbox"/> | | National Education Philosophy | <input type="checkbox"/> |
| | Curriculum | <input type="checkbox"/> | | Other (please specify): | <input type="checkbox"/> |
| Title of Research: | | | | | |
| Reason(s) for furthering your study | | | | | |

*Please tick (/) where applicable