

# International Student Application Form

Please refer to [www.alsauc.edu.sg](http://www.alsauc.edu.sg) for details of the application and admission process.

## Instructions

- All payable fees should be submitted before course commencement. Payment for application fee (non-refundable) may be made by Cash, Cheque or Bank Transfer. Cheques should be crossed and made payable to "ADVENT LINKS-SAUC Education Centre Pte Ltd".
- Completed application form must be accompanied by:
  - Non-refundable application fee of SG\$80.00
  - Copy of Passport and/or personal identification
  - Relevant academic certificates and transcripts (if applicable)
  - One passport size photograph
  - Supporting documents (if applicable)
- For more information and enquiries, please contact:
 

**Course Enrolment Department** Telephone: 6254 9246  
 1 Pemimpin Drive #06-09 Email: [info@alsauc.edu.sg](mailto:info@alsauc.edu.sg)  
 One Pemimpin Singapore 576151 Website: [www.alsauc.edu.sg](http://www.alsauc.edu.sg)
- PLEASE COMPLETE ALL SECTIONS OF THIS FORM.** State "N.A." where it is not applicable. **The application will not be processed if this form is incomplete or lack of supporting documents (Item 2) or without payment of the non-refundable application fee.**



## Section A: Course Information

<b>Course Applying For</b>			
<b>Course Intake Date</b>		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time

## Section B: Personal Particulars \* Delete non-relevant information

<b>Full Name (Mr / Mrs / Ms / Dr)*</b>	(Name as in NRIC/Passport) (Please <u>Underline</u> Surname):		
<b>FIN/Identity Number</b>		<b>Birth Certificate No.</b>	
<b>Nationality</b>		<b>Date of Birth</b>	
<b>Province/State</b>		<b>Country of Birth</b>	
<b>Race (Ethnic Group)</b>		<b>Alias (nickname)</b>	
<b>Religion</b>		<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male

Type of Travel Document Held		Serial No. of Document Held	
Issue Date of Travel Document (DD/MM/YYYY)		Expiry Date of Travel Document (DD/MM/YYYY)	
Country of Issue of Travel Document		Place of Issue of Travel Document	
Email Address			Type of Pass Holder (Non-Singaporean)
Residential/Mailing Address	Postal ( )		<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Dependent Pass/Long-Term Visit Pass <input type="checkbox"/> Work Permit/Employment Pass <input type="checkbox"/> Others:
			Expiry Date of Pass (if any) (DD/MM/YYYY):

### Section C: Academic Details and Information (Include Courses Attended in Singapore)

Name of School/College/University (In Chronological Order)	Country	State or Province	Language of Instruction	Period of Study		Qualification (Academic/Professional) Obtained	Educational Certificate No.
				From	To		
Obtained a pass in English:		Yes / No					
<input type="checkbox"/> I do not have any information to declare for the above							
Remarks/Explanation (if any)							

### Section D: Employment Details

Name of Companies	Country	Period of Working		Position Held	Nature of Duties
		From	To		
<input type="checkbox"/> I do not have any information to declare for the above					
Remarks/Explanation (if any)					

### Section E: Applicant's Parents and/or Step Parents

Full Name (As appears in travel document)	Relationship	Date of Birth (DD/MM/YYYY)	Nationality	Residential Status in Singapore	Occupation

### Section F: Applicant's Spouse

Full Name (As appears in travel document)	Relationship	Date of Birth (DD/MM/YYYY)	Nationality	Residential Status in Singapore	Occupation

### Section G: Applicant's Natural Siblings

Full Name (As appears in travel document)	Relationship	Date of Birth (DD/MM/YYYY)	Nationality	Residential Status in Singapore	Occupation
NA	NA	NA	NA	NA	NA

### Section H: Applicant's Financial Support

<b>Applicant</b>	<b>Average Monthly Income for past 6 months:</b>	<b>SGD</b>	<b>Applicant's Spouse</b>	<b>Average Monthly Income for past 6 months:</b>	<b>SGD</b>
	<b>Current Saving:</b>	<b>SGD</b>		<b>Current Saving:</b>	<b>SGD</b>
<b>Applicant's Father</b>	<b>Average Monthly Income for past 6 months:</b>	<b>SGD</b>	<b>Applicant's Mother</b>	<b>Average Monthly Income for past 6 months:</b>	<b>SGD</b>
	<b>Current Saving:</b>	<b>SGD</b>		<b>Current Saving:</b>	<b>SGD</b>
<b>Other financial support (eg. scholarship, study loan, funds from relatives):</b>					
<i>If yes, please furnish details (e.g. amount in Singapore Dollars)</i>					

## Section I: Emergency Contact in Singapore

<b>Name of Contact Person</b>			
<b>Relationship</b>		<b>Mobile/Contact Number</b>	
<b>Correspondence Address</b>			

## Section J: Terms and Conditions

1. This form has to be submitted together with the completed and signed Student Pre-Course Counselling Acknowledgement Form.
2. Prospective students/learners are required to sign the Standard PEI – Student Contract on the Course Orientation Day.
3. The details of the course fees, payment terms, refund policy and information relating to the course are specified in the Standard Student Contract.
4. Information in the application will be treated with strict confidence and will be used solely for the purpose of course admission at all times.
5. Advent Links-SAUC Education Centre (ALS) reserves the right to suspend the student's/learner's lessons until full payment of fee arrears is received.
6. All fees are to be paid directly to "Advent Links-SAUC Education Centre Pte Ltd".
7. Student/learner must notify ALS immediately of any changes in home address and/or contact number.
8. You have given permission for the use of your photos taken by ALS during class or school events in all its advertisements and promotional materials should you have been enrolled in a course with ALS.
9. Upon enrolling in our course, you agree to receive information and updates including promotional and marketing information from ALS. This consent overrides any registration with the Singapore Do-Not-Call (DNC) registry.
10. ALS reserves the right to amend the Terms and Conditions without prior notice.
11. ALS reserves the right to conduct course surveys with you and your employers after the course has ended.
12. All students/learners are required to achieve a minimum **75% attendance** of a module, in order to be eligible to sit for the respective examinations.
13. All international student/learners are required to meet the minimum of **90% attendance** in every module as required by the Immigration & Checkpoints Authority, Singapore (ICA).

## Transfer, Course Withdrawal and Refund Policies

Course transfer/withdrawal should be accompanied by written request and must be received before the course commences. Should a student request to withdraw from the course after it has commenced, the student will be required to pay back the full course fees of the consumed modules. Please refer to our website on the details of the relevant policies.

The following Refund Policy will apply:

<b>% of the Aggregate Amount Paid</b>	<b>Written Notice of the Withdrawal Notice Received</b>
90% of the 1 <sup>st</sup> installment	30 days or more before the course commencement date
50% of the 1 <sup>st</sup> installment	Before but not more than 29 days before the course commencement date
0% of the 1 <sup>st</sup> installment	On or after the course commencement date

## Fee Protection Scheme (FPS)

ALS has put in place an insurance arrangement with Lonpac Insurance Bhd that ensure fees paid by students are insured. FPS is applicable to all students (regardless of nationality and the type of passes, i.e. dependent's pass, student's pass, work permit etc.).

## Medical Insurance Coverage

A medical insurance provided by the AXA Insurance Pte Ltd for the students' hospitalization, surgery and treatment costs throughout the course duration with the following coverage is payable when the student enrolled for a course:

- Annual limit not less than S\$20,000.00 medical costs coverage per student
- At least B2 ward stay (in government and restructured hospitals), and
- 24 hours coverage in Singapore and overseas (if student is involved in school-related activities).

Students, who are already covered by their own medical insurance plans, can opt out of the medical insurance scheme. However, they will have to provide ALS a copy of their medical insurance policy/certificate for our administrative records.

## Section K: Declarations by the Applicant

<p>1. Any physical impairment, mental illness, disease, or medical condition?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    If Yes, Please State: _____</p>
<p>2. Have you ever been convicted of any criminal offences in the court of law in any country?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    If Yes, Please State: _____</p>
<p>3. I understand that SSG/WSG, or its appointed auditor or nominated representatives may contact me directly to obtain information deemed necessary for the purpose of conducting effectiveness survey or audits in relation to the Programme.</p>
<p>4. The copies of the educational certificates and other documents submitted are true copies of the original documents. I understand that any misrepresentation or omission of information will result in my disqualification from consideration for admission to the school made on the basis of incorrect, incomplete or fraudulent information.</p>
<p>5. I have read and accept the above Terms and Conditions stated in Section J</p>
<p>6. I hereby grant permission to ALS to use my photograph(s), voice recording(s) and/or video(s) in any form of media for newsletters, public or private events, and for publicity for ALS. I further grant permission for my name and identity to be included in any descriptive text or commentary. Such photograph(s), voice recording(s) and/or video(s) shall remain the property of ALS.</p>
<p>I, (NAME) _____ of (FIN/PASSPORT NO.) _____          declare that all information stated in this application is true and correct. I authorize any investigation of the above information for the purpose of verification. I understand that any misrepresentation or omission of information is sufficient grounds for rejecting my application.</p> <p>_____</p> <p>Signature of Applicant <span style="float: right;">Date</span></p>
<p><i>This portion below is to be completed by the signatory applicant's parent or guardian, if the applicant is below the age of 18.</i></p> <p>I, (NAME) _____ of (NRIC/FIN//PASSPORT NO.) _____          have read and understood all the contents and sections of this application form and have given my consent for the applicant to enroll for the course to study at Advent Links-SAUC Education Centre.</p> <p>_____</p> <p>Signature of Applicant's Parent/Guardian <span style="float: right;">Date</span></p>