

马来西亚学前教育学院 **Institut CECE**

The Institute of Childhood Education-Studies and Community Education (Wholly owned by CECE Education Foundation {819148-D}) (In Collaboration with University Tunku Abdul Rahman {UTAR})

Address: Lot 9094, (Tingkat 1 & 2), Jalan Malinja, Taman Bunga Raya, 53000 Kuala Lumpur, Malaysia. Tel: 03-4142 6362 Fax: 03-4142 5402 Email: inquiry@cece.edu.my Website: www.cece.edu.my

	Enrolment Form	n	Please affix a recent Passport-sized
FOR OFFICE USE ONLY			photograph here
Student No.:		A COLUMN TO THE PROPERTY OF TH	
Intake: (mm)			
PROGRAMME DETAILS			
Diploma in Early Childhood Edu			<u> </u>
Study Modes: ☐ Full-Time Class ☐ Evening Class ☐ School Holiday Class Accommodation (For School Holiday C	Property of the Class only): Yes No	ayment modes: Full Payment Instalments PTPTN CECE Study Loan F CMT Study Loan E.P.F Withdrawal	
PERSONAL DETAILS			
Name (As in NRIC / Passport):	and the second s	- a Committee Co	
NRIC/Passport:	Place of B	irth:	
Date of Birth (dd-mm-yyyy):	Age:	****	
Nationality:	Gender: 🗆	Male Female	
House Phone:		one:	
Fax:			
Marital Status: ☐ Single ☐ Marri	ed Divorced Widowed	No. of Chi	ldren:
Race: Malay Chinese In			ı
Religion: Muslim Buddhist CONTACT DETAILS	☐ Christian ☐ Hindu ☐ Oth	ers (please specify):_	
Student's Correspondence Address			
Postcode:	City:	State:	
Permanent / Parent's Corresponden	ce Address:		
Postcode:	City:	State:	
ACADEMIC DETAILS Name of Highest Academic Qualification SPM STPM O-Level [Bachelor Degree in		oma 🗆 CECE Cert	ificate
Others (please specify):		T	
Total credit(s) scored in SPM (inclu	sive Bahasa Melayu):	Grade / Score in Ba	ahasa Melavu:

Name and Add	dress of School	/ College / Un	iversity F	Previ	ously Attend	ed	Year		
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EMPLOYMEN		f Applicable)							
Company Name									
Address:									
Postcode:		City:				State:			
Position:				Offi	ce Tel.:				
Fax:				Froi			То	***************************************	
WORKING EX									
Position	Teacher	Principal	Owne	r	Others (plea	ise specif	fy):		
Years of Service	H C (D)								
FAMILY DETA 1.Name:	LLS (Please Pr	ovide Particu	dars of Y	our J	Parents, Gua				
NRIC:		_ Date of l	D:#1h:				onship:		
Nationality:						Gende			
							on:		
2.Name:	<u> </u>						onship:		
NRIC:							er:		
Nationality:							on:		
3.Name:							onship:		
NRIC:					the second secon		er:		
Nationality:		Race:				Religi	on:		
4.Name:						Relati	onship:		
NRIC:			Birth:			Gende	er:		
Nationality:		Race:				Religi	on:		
5.Name:						Relati	onship:		
NRIC:		_ Date of I				Gende	er:	**************************************	
Vationality:		_ Race:					on:		
SPOUSE'S DET									
Name:						Nation	nality:		
Mobile Phone:		Beneficia	ary:			Family	y Income:		

CHILDREN'S DETAILS (If	Applicable)		
MyKid/ NRIC:			
Nationality:	Race:	Religion:	
2.Name:		Relationship:	
MyKid/ NRIC:	Date of Birth:		
Nationality:			
3.Name:		70 1 .1 11	
MyKid/NRIC:	Date of Birth:		
Nationality:			
4.Name:		> 1 .1 .1	
MyKid/NRIC:			
Nationality:	Race:	Religion:	
MEDICAL DISCLOSURE			
Do you have any disability, imp ☐ Yes ☐ No	airment or long term medical cond	dition that may affect your studies?	
If yes, please indicate the area of Learning Mobility Vis	f impairment in order for us to ass sion \Box Others (please specify): $_$	sist you during your studies at Institut CECE.	
EMERGENCY CONTACT D	ETAILS.		
Name:	Mobile Phone:	Relationship:	
	OW THIS PROGRAMME 1 □ Internet □ Recommendation	on 🗆 Brochure 🗆 Education Fair	
SUPPORTING DOCUMENTS			
☐ 1 Certified True Copy of STP.		ults	
I, the undersigned, declared that I agree to abide by all the rules at	the information provided in this and regulations of Institut CECE.	application is complete, accurate and true, and	
	n given falsely or withheld will a	affect the decision of my application, and may	
I undertake to inform Institut CECE of any changes in address, phone numbers and other information provided by me in this application.			
I understand that my failure to obcan result in my dismissal from I	serve the Institute's code of condu NSTITUT CECE.	uct and the conditional acceptance requirement	
		ated in the Institut CECE Enrolment Policy.	
Signature of Applicant:		Date:	
FOR OFFICE USE ONLY			
Payment Received: RM			
	Receipt No:	Date:	
Received by (Name & Date):	Receipt No: Approved	Date: I by (Name & Date):	
Received by (Name & Date): Remarks:	Receipt No: Approved	Date: I by (Name & Date):	

Institut CECE Enrolment Policy

Registration and Placement

Reservations may be made by telephone/telefax/email but will only be confirmed upon receipt of the relevant registration form documents and payment. This, however, does not constitute to confirmation of placement. Placement will be confirmed on case to case basis upon approval by the Head of Department. Should the applicant register after the closing date, an administrative charge of RM5.00 per week will be charged.

Mode of Payment	Payment can be made via:
1) Full Payment2) Instalments3) PTPTN4) E.P.F Withdrawal	Cash / Bank Draft / Online banking / Cheque Cheque – in favour of Institut CECE Direct Bank-in : Public Bank Berhad A/C No : 3157457223
Interest Free Loan 5) Chang Ming Thien (CMT) Foundation 6) CECE Study Loan Fund	In Favour of : Institut CECE CECE Fax No. : 03-4142 5402

Payment and Late Payment

All fees MUST be paid 10 days prior to the commencement of the class. Any late full settlement shall be charged an administrative charge of RM5.00 per week, calculating from the due date. All fees paid are not transferable.

Cancellation Policy

All notice of cancellation must be made in writing and acknowledged by Institut CECE.

No show on class	No refund
Less than 7 days notice prior to commencement of class	No refund
7 - 14 days notice prior to commencement of class	60% refund of the full fee after deduction of registration charge.
15 - 30 days notice prior to commencement of class	70% refund of the full fee after deduction of registration charge.
More than 30 days notice prior to commencement of class	80% refund of the full fee after deduction of registration charge.

Programme Changes

Institut CECE reserves the right to amend, cancel or postpone the course due to unforeseen circumstances. Full refund will be made in the event of postponement for more than 12 months.

Postponement Policy

Should the applicant fail to attend the enrolled session and wish to postpone to next session, a written letter must be submitted to the Head of Department for approval. An administrative charge of RM200.00 is to be imposed.

Fee Schedule for courses conducted in Kuala Lumpur [KL]

Diploma in Early C	hildhood Education
Registration Fees (Non-Refundable)	RM 500.00
Library (Non-Refundable)	RM 1,000.00
*Tuition Fees	RM 12,060.00
TOTAL	RM 13,560.00

^{*} Subject to change.

Note: 1. An administrative fee will be charged to different modes of payment.

- 2. Student will be changed of RM150.00 per credit hour for re-enrolling any course(s).
- 3. Teaching Practice Practicum Supervision will be charged separately.
- 4. The Institute reserves the right to update and change the Enrolment Policy from time to time without notice.