

FOR OFFICIAL USE ONLY

New International Student

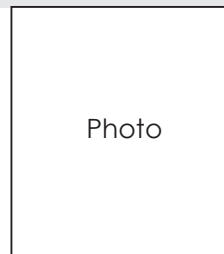
Transfer-In from another PEI

*Please delete where inapplicable
Please tick (✓) the appropriate box

COURSE SELECTION

- | | | |
|-------------------------------|---|---|
| <input type="checkbox"/> ACCA | <input type="checkbox"/> University of London - EMFFS | <input type="checkbox"/> SAA-GE Advanced Diploma – Accounting & Finance |
| <input type="checkbox"/> CAT | <input type="checkbox"/> Plymouth University – Accounting & Finance | <input type="checkbox"/> SAA-GE Certificate in English Proficiency |
| | <input type="checkbox"/> University of London - CHESS | <input type="checkbox"/> Others |

Papers/Units/Modules Enrolling For			INTAKE/MONTH	YEAR
1	4	6		
2	5			
3	6			



RECRUITMENT AGENT DETAILS (if applicable)

Agent / Company : _____

Company Stamp : _____ Name of Consultant : _____

Confidentiality policy: Data and information collected will be treated as confidential and is for official use by the SAA-GE only. Unless requested by government agencies, written permission will be obtained from you if the data is used for purposes beyond the original intent, as specified in the SAA-GE's personal data protection policy.

PERSONAL DETAILS

Name (as it appears in Passport) :			Gender : * Male/Female
Origin Home Address :			
Contact Nos : (H/O)	HP:	Email:	
Date of Birth :	Birth Cert. No. :	Occupation :	Religion :
Nationality :	Country of Birth :	Province of Birth :	Race :

Type Held :	Travel Document No :	Issue Date :
Country of Issue :	Place of Issue :	Expiry Date :

RESIDENTIAL ADDRESS IN SINGAPORE

Address :
Postal Code :

Name of Guardian :	* NRIC / PP No :		
Home Address :	Postal Code :		
Contact Nos : (H)	(O)	(HP)	Email :

TRANSFER-IN FROM ANOTHER PEI

Name of Current School :	FIN :	Expiry Date :
Current Course :	Start Date :	End Date :

EMERGENCY CONTACT

Name :	Relationship :	Tel :
Home Address :	Postal Code :	

PHYSICAL OR OTHER DISABILITY OR MEDICAL CONDITION

Including any of which might require special arrangements or facilities

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How did you get to know SAA Global Education

- Media : _____ (please state) Referral from friend Internet
 Recruitment Agent : _____ (please state) Others : _____ (please state)

ENGLISH LANGUAGE PROFICIENCY

Is English your first language ? Yes No

If 'NO', please indicate below any English proficiency test taken in the last 2 years :

<input type="checkbox"/> IELTS	Test Date :	Score Attained :
<input type="checkbox"/> TOEFL	Test Date :	Score Attained :
<input type="checkbox"/> GCE 'O' / 'A' Levels	Test Date :	Grade Attained :
<input type="checkbox"/> Others : _____	Test Date :	Grade Attained :

ADDITIONAL INFORMATION FOR STUDENT PASS

List Countries in which applicant has resided for one year or more during the last five years:

Country	Address	Period of Stay	
		From (DD/MM/YYYY)	To (DD/MM/YYYY)
		/ /	Present
		/ /	/ /
		/ /	/ /

Applicant's Natural Parents and/or Step Parents

Full Name (As it appears in travel document)	Relationship	Date of Birth (DD/MM/YYYY)	Nationality	Residential Status in Singapore	Occupation
		/ /		<input type="checkbox"/> Singapore Citizen/PR NRIC: _____ <input type="checkbox"/> Resident (Long Term Social Visit/Dependent's Pass etc) FIN: _____ <input type="checkbox"/> None of above	
		/ /		<input type="checkbox"/> Singapore Citizen/PR NRIC: _____ <input type="checkbox"/> Resident (Long Term Social Visit/Dependent's Pass etc) FIN: _____ <input type="checkbox"/> None of above	

Applicant's Spouse N.A.

Full Name (As it appears in travel document)	Relationship	Date of Birth (DD/MM/YYYY)	Nationality	Residential Status in Singapore	Occupation
		/ /		<input type="checkbox"/> Singapore Citizen/PR NRIC: _____ <input type="checkbox"/> Resident (Long Term Social Visit/Dependent's Pass etc) FIN: _____ <input type="checkbox"/> None of above	
		/ /		<input type="checkbox"/> Singapore Citizen/PR NRIC: _____ <input type="checkbox"/> Resident (Long Term Social Visit/Dependent's Pass etc) FIN: _____ <input type="checkbox"/> None of above	

Applicant's Siblings N.A.

Full Name (As it appears in travel document)	Relationship	Date of Birth (DD/MM/YYYY)	Nationality	Residential Status in Singapore	Occupation
		/ /		<input type="checkbox"/> Singapore Citizen/PR NRIC: _____ <input type="checkbox"/> Resident (Long Term Social Visit/Dependent's Pass etc) FIN: _____ <input type="checkbox"/> None of above	
		/ /		<input type="checkbox"/> Singapore Citizen/PR NRIC: _____ <input type="checkbox"/> Resident (Long Term Social Visit/Dependent's Pass etc) FIN: _____ <input type="checkbox"/> None of above	
		/ /		<input type="checkbox"/> Singapore Citizen/PR NRIC: _____ <input type="checkbox"/> Resident (Long Term Social Visit/Dependent's Pass etc) FIN: _____ <input type="checkbox"/> None of above	
		/ /		<input type="checkbox"/> Singapore Citizen/PR NRIC: _____ <input type="checkbox"/> Resident (Long Term Social Visit/Dependent's Pass etc) FIN: _____ <input type="checkbox"/> None of above	

Applicant's Educational Background (In Chronological Order)

Name of Schools	Country	State/Province	Language Of Instruction	Period of Study (DD/MM/YYYY)	Highest Educational Qualifications (Academic/Professional, please state class/division for Honours Degree)	Edu Cert No.
				From: / / To: / /		
				From: / / To: / /		
				From: / / To: / /		
				From: / / To: / /		

Applicant's Employment Background (In Chronological Order) N.A.

Name of Company	Country	Period of Working (DD/MM/YYYY)	Position Held	Nature of Duties
		From: / / To: / /		
		From: / / To: / /		
		From: / / To: / /		
		From: / / To: / /		

Applicant's Financial Support (For Visa-required Countries)

Financial Details	Applicant	Applicant's Father	Applicant's Mother	Applicant's Spouse	Other Financial Support from Immediate Family Members
Average Monthly Income for Past 6 months	SGD	SGD	SGD	SGD	<input type="checkbox"/> Yes, by _____ (Please furnish details on a separate sheet)
Current Saving	SGD	SGD	SGD	SGD	

ADDITIONAL INFORMATION (Applicable if Parents/Step Parents are Singapore Citizen/PR)

Applicant's Natural Parents and/or Step Parents N.A.

Full Name (As it appears in travel document)	Relationship	Marital Status	Marriage Cert. No.	Marriage Date (DD/MM/YY)	Divorce Cert. No.	Divorce Date (DD/MM/YY)	Custody of Applicant
		Single/Married/ Divorced/Widowed					
		Single/Married/ Divorced/Widowed					

Education Details for Applicant's Parents/Step Parents N.A.

Full Name (As it appears in travel document)	Relationship	Name of School/Colleges/University	Country	Highest Educational Qualifications (Academic/Professional, please state class/ division for Honours Degree)	Edu Cert. No.

Employment Details for Applicant's Parents/Step Parents N.A.

Full Name (As it appears in travel document)	Relationship	Name of Company	Monthly Income (SGD)	Annual Income for the Past 1 year (SGD)	Avg. Monthly CPF Contribution for the past 1 year (SGD)

ADDITIONAL INFORMATION (Applicable if Spouse is Singapore Citizen/PR)

Marriage Certificate No.: _____ Date of Marriage: _____
(DD/MM/YYYY)

Spouse's Highest Educational Details N.A.

Name of School/College/University	Country	Highest Educational Qualification (Academic/Professional)	Educational Certificate No.

Spouse's Current Employment Details N.A.

Name of Company	Occupation	Monthly Income (SGD)	Annual Income for the Past 1 year (SGD)	Avg. Monthly CPF Contribution for the past 1 year (SGD)

Antecedent (If any of the answer is "Yes", please furnish details on a separate sheet of paper):

- | | | |
|---|------------------------------|-----------------------------|
| Have you ever been refused entry into or deported from any country? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been convicted in a court of law in any country? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been prohibited from entering Singapore? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever entered Singapore using a different Passport or Name? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

DOCUMENT CHECKLIST

Please ensure that you submit the following documents during enrollment.
Please note that all documents must be translated into English and notarised.

No.	Items	Check
1	Duly completed Enrollment Form	
2	Copy of Passport / Travel Document	
3	2 Passport-sized photographs	
4	Copy of Birth Certificate	
5	Copy of Educational Certificates / Transcripts	
6	Proof of Financial Support	
7	Copy of * IELTS / TOEFL / other English Proficiency Test Certificate (if any)	
8	Copy of STP with another School (if applicable)	
9	Copy of Marriage Certificate (if applicable)	
10	Copy of *Parents'/Step-Parents' Passport (if applicable)	
11	Copy of *Parents'/Step-Parents' Marriage Certificate (if applicable)	
12	Copy of *Parents'/Step-Parents' Divorce Certificate (if applicable)	
13	Copy of *Parents'/Step-Parents' Letter of Employment (if applicable)	

PRE-COURSE COUNSELLING

Pre-Course counselling is a process whereby SAA-GE matches the aspirations of prospective students with the course learning outcomes by:

- i assessing prospective students' educational needs based on their proficiencies;
- ii providing appropriate guidance and advice on the suitability of the courses available; and
- iii providing career guidance relating to the courses available.

In addition, SAA-GE will also provide the following up-to-date information to facilitate an informed decision by its prospective students.

No.	Items	Reference
1	About SAA-GE	Student Handbook
2	Quality Assurance @ SAA-GE	Student Handbook
3	School Location, Facilities and Infrastructures	Student Handbook
4	Application Requirements and Procedures	Student Handbook
5	Standard Student Contract	Student Handbook
6	Student Conduct & Discipline	Student Handbook
7	Attendance Requirement	Student Handbook
8	Admission Requirements / English Proficiency Requirements and Exemptions	Course Brochure
9	Course Modules and Outlines	Course Brochure
10	Course Duration and Assessment Schedules	Course Schedule
11	Type of Certification Awarded	Course Brochure
12	Education Advancement and Career Prospects	Course Brochure
13	Promotion and Award Criteria	Student Handbook
14	Fee Payable, Fee Schedule and Payment Methods	Student Handbook
15	Refund Policy and Procedures	Student Handbook
16	Course/Class Transfer, Deferment and Withdrawal Policy and Procedure	Student Handbook
17	Fee Protection Scheme and Medical Insurance	Student Handbook
18	Student Support Services	Student Handbook
19	Student Feedback and Grievances Policy	Student Handbook
20	Relevant Singapore Laws	Student Handbook
21	Visa and Student's Pass Renewal and Cancellation Requirements and Procedures	Student Handbook
22	Accommodation, Cost of Living and General Healthcare Services	Student Handbook
23	Reference to Committee for Private Education (www.cpe.gov.sg)	

DECLARATION

1. I hereby apply for admission in accordance with the Act, by-law and rules of the Awarding Body and SAA-GE and declare that I have read all the brochures provided.
2. I warrant that all information submitted in this form is true and accurate and undertake to notify SAA-GE promptly of any changes. Where I have provided personal data relating to other individuals (including minors), I represent and warrant that I am authorised to provide their personal data to SAA-GE and have obtained their consent to the collection, use, processing, storage and disclosure of their personal data in accordance with the purposes reasonably required in connection with SAA-GE's provision of services.
3. In submitting my personal data to SAA-GE and signing this form, I acknowledge and consent to SAA-GE's collection, use, process, storage or disclosure of my personal data for the purposes reasonably required in connection with SAA-GE's provision of services, including but not limited to those purposes specified in its Personal Data Protection Policy. I also consent to the disclosure of my personal data to the third party service providers, agents, affiliated companies and/or other third parties, whether within or outside Singapore, for one or more of the abovementioned purposes.
4. I agree to receive general updates and notifications relating to my enrolment from SAA-GE either in person, through email, SMS or phone call.
5. I confirm that I have gone through the Pre-Course Counselling exercise and understand SAA-GE's policies and regulations (e.g. refund, withdrawal, FPS, student contract, etc.). I shall be bound by all policies, regulations and terms & conditions, which may thereafter be amended from time to time at the discretion of SAA-GE.
6. I understand that it is my responsibility to find out about the course membership (where applicable) with the Awarding Body, e.g. exemption, examination, membership, etc.
7. I hereby indemnify SAA-GE for any loss/damages and any responsibilities, in the event where I fail to apply/enrol before course commencement date, which results in classes being missed or where I cease to hold a valid Pass that allows me to study in Singapore, before the term/course ends.
8. I understand that I am not permitted to engage in any form of employment or attend an industry attachment/internship programme, whether paid or unpaid, without a valid work pass issued by Ministry of Manpower.

Applicant's signature

Parent / Guardian's Signature
(If the applicant is under 18 years of age, parent or guardian's signature is required)

Date (DD/MM/YY)

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Pre-Course Counselling has been conducted by _____ on _____
Staff or Student Recruitment Agent's name & signature *Date (DD/MM/YY)*

Student has met the course entry and admission requirement OR

Student is studying for knowledge purpose (may not qualify to sit for examination)

Admission procedure has been adhered to and pre-course counselling has been properly conducted.

Checked by Head of Operations / Academic _____ (signature)

Application Fee	\$
O/R No.	Date
MODE OF PAYMENT	
<input type="checkbox"/> Cash <input type="checkbox"/> Nets <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque No: _____ Bank: _____ <input type="checkbox"/> TT: _____	
Attended By :	

FEES PAYABLE BEFORE RELEASE OF IPA	
LETTER, E-FORMS & MEDICAL FORM	
Tuition Fee	\$
FPS	\$
Medical Ins.	\$
Total Payable	\$
O/R No.	Date
MODE OF PAYMENT	
<input type="checkbox"/> Cash <input type="checkbox"/> Nets <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque No: _____ Bank: _____ <input type="checkbox"/> TT: _____	
DOCUMENT CHECKLIST	
<input type="checkbox"/> Duly signed E-Form 16 and V36 <input type="checkbox"/> Standard Student Contract <input type="checkbox"/> E-Appt : _____ <input type="checkbox"/> Student Membership Form	
Attended By :	

Enrolment No: _____
Remarks

STP APPLICATION DETAILS	
Submission Date	
Submitted By	
STP APPLICATION STATUS	
Approval Date	
Rejection Date	
Withdrawal Date	
Updated By	

FPS Purchased By :	Date :
Data Entry By :	Date :
Filed By :	Date :