

**INSTITUT DE CREATION & ANIMATION NUMERIQUES  
BA (in Creative Design) APPLICATION FORM**

**1. Semester Entry Required**

Please tick in the right boxes the BA and the session you are applying for

January ☐

May ☐

Aug ☐

First Name: \_\_\_\_\_

Surname Name: \_\_\_\_\_

Student Number:         Gender ☐ M ☐ F

Date of Birth: \_\_\_\_\_ (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

NRIC/ Passport No: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Te/ Hp No: \_\_\_\_\_ Email : \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Language Skills- English: \_\_\_\_\_

Other Language: \_\_\_\_\_  
\_\_\_\_\_

Have you taken IELTS? ☐

Have you taken TOEFL? ☐

Any interest in Student Exchange? ☐

You must list in chronological order every college or university you have attended or are attending prior to entering this program of studies for you last 2 years of higher education (enter transcripts of your last 2 years of studies and the current year as well)

[illegible]

### Work experience or internships

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## 5. Relevant Documents

Please enclose the following documents:

- |      |   |                          |
|------|---|--------------------------|
| i)   | Education Certificate e.g. English, Diploma, Degree | <input type="checkbox"/> |
| ii)  | Results Transcript                                  | <input type="checkbox"/> |
| ii)  | Passport, NRIC, Personal Identification Certificate | <input type="checkbox"/> |
| iii) | Passport Size Photo 4 pieces                        | <input type="checkbox"/> |

## 6. Declaration

**I/ We declare that all information provided and attachments submitted are true. I/ We acknowledge that INSTITUT DE CREATION & ANIMATION NUMERIQUES reserves the right to accept or reject my application.**

Signature :

Name of Applicant: \_\_\_\_\_

Date of Application : \_\_\_\_\_

Name: _____	Name: _____
Address: _____	_____
Address: _____	_____

Signature :	Stamp	<input type="text"/>
Officer :	_____	
Application Date :	_____	Approval: _____
Student ID :	_____	
Comments :	_____	
Fee Paid :	_____	Receipt No: _____
Cash <input type="checkbox"/>	Bank Draft/ Cheque: <input type="checkbox"/>	Money Order: <input type="checkbox"/> (No: _____ )

## Professional Reference Form

**Applicants: Please complete the following section before submitting to evaluation**

Program \_\_\_\_\_

- ☐ I waive my right to view the contents of this professional reference form. I understand that this will not affect the decision of the Admissions Committee.
- ☐ I do not waive my right to view the contents of this professional reference form. I understand that this will not affect the decision of the Admissions Committee. I realize that the Family Educational Rights and Privacy Act (FERPA) of 1974 accords the applicant the right to review this professional reference form unless that right is waived.

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Applicant's Signature

Evaluator's Name \_\_\_\_\_

Position \_\_\_\_\_

Institution/Company \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

What is your relationship to the applicant?

☐ Teacher                      ☐ Supervisor                      ☐ Advisor                      ☐ Employer

☐ Other (please specify) \_\_\_\_\_

How well do you know the applicant?

☐ Teacher                      ☐ Supervisor                      ☐ Advisor                      ☐ Employer

☐ Other (please specify) \_\_\_\_\_

How long have you known the applicant?

\_\_\_\_\_

Please rate this applicant in comparison with others you have known in the same capacity:-

	Outstanding	Above Average	Average	Below Average	No Comment
<b>Intelligence</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>
<b>Productivity</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>
<b>Commitment to Professional Growth</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>
<b>Maturity of Judgment</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>
<b>Ethical Behaviour</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>
<b>Leadership Skills</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>
<b>Verbal Communication Skills</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>
<b>Written Communication Skills</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>
<b>Professional Demeanor</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>

Please comment on any points you think would be helpful in assessing the applicant's qualifications for the program.

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Evaluator's Signature

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Date

**Thank you for your assistance in helping us to assess the applicant.**

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Applicant's Signature

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- ☐ Other (please specify) \_\_\_\_\_

How well do you know the applicant?

- ☐ Teacher                      ☐ Supervisor                      ☐ Advisor                      ☐ Employer
- ☐ Other (please specify) \_\_\_\_\_

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<b>Productivity</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>
<b>Commitment to Professional Growth</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>
<b>Maturity of Judgment</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>
<b>Ethical Behaviour</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>
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Evaluator's Signature

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Date

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