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| **Form BSN/OM/01 Application for BSN Online Module** |
| **BSN Online Module** |

Please email your completed form to:-

# Borneo Studies Network Secretariat Office

Universiti Brunei Darussalam

# Negara Brunei Darussalam

**E-mail :** **bsn@ubd.edu.bn**

You are required to submit a set of the completed application includes: -

1. Completed application form (BSN/OM/01)
2. Certified true copies of academic certificates, transcripts and English proficiency qualification
3. Due to the on-going Covid-19, Electronic Signatures will be accepted

# NOTE : Certified English Translation must be submitted for supporting documents that are not in the English Language. Online application is currently not available.

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| **SECTION 1 – PERSONAL DETAILS** |  |  | **[Please use BLOCK LETTERS]** |  |  |
| Name (as appears in your passport) |  |
| Title (please tick where appropriate) | Miss |  | Ms |  | Mrs |  | Mr |  | Dr |  |
| Date of Birth (dd/mm/yyyy) |  |
| Gender |  |  |  |  |

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| **SECTION 2 – ADDRESS DETAILS** | **[Please use BLOCK LETTERS]** |
| **Contact Address (for Correspondence)** |
| Address (Line 1) |  |
| Address (Line 2) |  |
| City, State/Province |  |
| Country |  |
| Postcode/Zip Code |  |
| Hand Phone No. (with country + area code) |  |
| E-mail address |  |
| **Permanent Home Address** |
| Address (Line 1) |  |
| Address (Line 2) |  |
| City, State/Province |  |
| Country |  |
| Postcode/Zipcode |  |
| Hand Phone No. (with country + area code) |  |
| E-mail address |  |

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| **SECTION 3 – PERIOD OF STUDY [Please tick & state info in the appropriate box]** |
| **Semester I**Start (Month):End (Month): |  | **Semester II**Start (Month):End (Month): |  | **Full Year**Start (Month):End (Month): |  |

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| **SECTION 4 – ENGLISH LANGUAGE PROFICIENCY** |  |
| GCE ‘O’ Level English Language, grade : |  | IGCSE English as a Second Language, grade : |  |
| Others, please state : |

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| **SECTION 5 – CURRENT EDUCATIONAL INSTITUTION** | **[Please use BLOCK LETTERS]** |
| Name of Current/Most Recent Institution |  |
| Month and Year of Entry (mm/yyyy) |  |
| Month and Year of Leaving (mm/yyyy) |  |
| Year of Study |  |
| Degree |  |
| Cumulative GPA |  |
| Major |  |
| Minor |  |

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| **SECTION 6 – MODULE SELECTION** | **[Please use BLOCK LETTERS]** |
| **Please refer to the list of modules offered by each BSN Institutions/Universities** |
| **Semester I (August – December)** |
| **Module Code (e.g. AA-1201)** | **Modular Credit** | **Title** | **Core****(Please Circle)** | **BSN Institution/****Universty** |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
| **Semester II (January – June)** |
| **Module Code (e.g. AA-1201)** | **Modular Credit** | **Title** | **Core****(Please circle)** | **BSN Institution/****University** |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |
|  |  | **-** |  |  |  |  |  |  | Yes / No |  |

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| **SECTION 7 – REFEREE DETAILS** | **[Please use BLOCK LETTERS]** |
| **Applicant must provide a reference to support your application and who is able to assess whether Exchange/Study Abroad is suitable for you. Recommendation can be made by a respective BSN Scientific Committee Members or representative from the University’s International Office.**  |
| Name |  |
| Occupation/Relationship to Applicant |  |
| Address (Line 1) |  |
| Address (Line 2) |  |
| City, State/Province |  |
| Country |  |
| Postcode/Zipcode |  |
| Telephone (with country + area code) |  |
| E-mail address |  |
| Signature & Date |  |

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| **SECTION 8 –DECLARATION** |
| **I certify that the information given in this application is correct and complete.**  |
| **Signature of Applicant:** | **Date :** |