

APPLICATION FORM for Research Institute for Standards in Islam non-academic credentials. 2024

1.	Name as in National ID or Passport	
2.	Date of Birth	
3.	Nationality	
4.	Gender	
5.	Mailing Address	
6.	Email Address	
7.	Phone Contact	
8.	High School / Secondary school	
9.	Year of Graduation	
10.	Undergraduate Institution and address	
11.	Degree Earned	
12.	Year of Graduation	
13.	RISIS PROGRAM OF INTEREST	
14.	Level : <ul style="list-style-type: none"> • Certificate • Higher Certificate • Diploma • Higher Diploma 	
15.	List the acquired qualifications for the most recent to the earliest. Include the year of graduation for each certificate.	a. b. c. d. e. f.
16.	List the employment positions from the current employer to the first job. A separate sheet may be used as provided in page 3.	Position: Employer: Years of Service: Position: Employer: Years of Service: Position: Employer: Years of Service:
17.	Attach Certified true copies of ALL qualifications.	
18.	Attach a curriculum vitae.	

19.	Attach Letter of Recommendation from current employer.	
20.	I understand that the application deadline is and I am committed to providing any additional information or participating in an interview if necessary.	Applicant's signature
21.	Attach a Postal Money Order of RM 100 as a non-refundable Application and Evaluation Fee. • MONEY ORDER NUMBER:	
22.	Date of application	
	For Official use	
24.	Application Received with Payment:	Officer's Signature: Officer's Name:
25.	Date:	

Review by Evaluation and Authentication Board Members	Review and Comments
Head of Evaluation:	Name: Signature: Comments:
Deputy Head of Evaluation:	Name: Signature: Comments:
Secretary of the Board:	Name: Signature: Comments:

Decision Status	
Accepted Date:	
Rejected Date:	
On hold for additional information Date:	

Submission to SENATE for Review and Decision Confirmation

1.	Date of Submission		
2.	Confirmation by SENATE Head	Signature:	Date:
3.	Vice Chancellor authentication	Signature:	Date:
4.	Chancellor authentication	Signature:	Date:
5.	President authentication	Signature:	Date:

PREVIOUS EMPLOYMENT CHRONOLOGY FORM

Page |
3

1.	Company Name:	
2.	Job Title:	
3.	Supervisor's Name:	
4.	Employment Start Date:	
5.	Employment End Date:	
6.	Major Responsibilities:	
7.	Reason for Leaving:	
8.	Additional information:	

B

1.	Company Name:	
2.	Job Title:	
3.	Supervisor's Name:	
4.	Employment Start Date:	
5.	Employment End Date:	
6.	Major Responsibilities:	
7.	Reason for Leaving:	
8.	Additional information:	

C

1.	Company Name:	
2.	Job Title:	
3.	Supervisor's Name:	
4.	Employment Start Date:	
5.	Employment End Date:	
6.	Major Responsibilities:	
7.	Reason for Leaving:	
8.	Additional information:	

D

1.	Company Name:	
2.	Job Title:	
3.	Supervisor's Name:	
4.	Employment Start Date:	
5.	Employment End Date:	
6.	Major Responsibilities:	
7.	Reason for Leaving:	
8.	Additional information:	

E

1.	Company Name:	
2.	Job Title:	
3.	Supervisor's Name:	
4.	Employment Start Date:	
5.	Employment End Date:	
6.	Major Responsibilities:	
7.	Reason for Leaving:	
8.	Additional information:	

You may photocopy this page should you need more space.

I certify that the information provided above is true and accurate to the best of my knowledge. I understand that any misrepresentation of facts may result in disqualification or termination of application without prejudice.

Signature: _____

Date: _____

PREVIOUS ACQUIRED QUALIFICATIONS FORM

1	Qualification Title	
2	Name of Institution	
3	Address and Location of Institution	
4	Date of Completion with month and year.	
5	Major / Field of Study	
6	GPA / Percentage	
7	Professional Certifications	
8	Certification Type	
9	Date of Certification	
10	Certifying body.	

B

1	Qualification Title	
2	Name of Institution	
3	Address and Location of Institution	
4	Date of Completion with month and year.	
5	Major / Field of Study	
6	GPA / Percentage	
7	Professional Certifications	
8	Certification Type	
9	Date of Certification	
10	Certifying body.	

C

1	Qualification Title	
2	Name of Institution	
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4	Date of Completion with month and year.	
5	Major / Field of Study	
6	GPA / Percentage	
7	Professional Certifications	
8	Certification Type	
9	Date of Certification	
10	Certifying body.	

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I certify that the information provided above is accurate to the best of my knowledge.

Signature: _____

Date: _____

Name: _____