







**EDUCATION REPRESENTATIVE**

Company Name : \_\_\_\_\_  
Contact Person : \_\_\_\_\_  
Mailing Address : \_\_\_\_\_  
(Postcode) (State) (Country)  
Contact No. : (Telephone) (Mobile) (Fax)  
Email Address : \_\_\_\_\_

**FOR OFFICE USE ONLY**

Counselled by : \_\_\_\_\_ Date : \_\_\_\_\_ (DD/MM/YY)  
Channel : Walk-in / Call-in / SIS Event / Infosis / Info Centre / Representative / International Office / Others : \_\_\_\_\_  
Readiness Assessment (Scheduled on \_\_\_\_\_ (DD/MM/YY)  
Remarks : \_\_\_\_\_  
\_\_\_\_\_

**VISA**  
 Student Pass  Non-student Pass  
Remarks : \_\_\_\_\_ Type : \_\_\_\_\_  
\_\_\_\_\_ Expiry Date : \_\_\_\_\_

**ACADEMIC OFFICE**

Offer without Condition(s)  Conditional Offer  Decline  
Remarks : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature of Officer  
Date : \_\_\_\_\_ (DD/MM/YY)

Review of Conditional Offer :  Condition(s) Fulfilled  Decline  
Remarks : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature of Officer  
Date : \_\_\_\_\_ (DD/MM/YY)