



INTERNATIONAL MEDICAL UNIVERSITY
MALAYSIA

REQUEST FOR VERIFICATION LETTER FORM

Name (as in NRIC/Passport)		
Student ID	NRIC/Passport no.	
Contacts	Tel. No.	Mobile Phone No.
	Email Address	
Programme	Intake	

REASON FOR APPLICATION

Purpose:

<input type="checkbox"/> Banking purpose	<input type="checkbox"/> Clinical Attachment
<input type="checkbox"/> Sponsorship Bodies (e.g. PTPTN, MARA, etc.)	<input type="checkbox"/> Professional Bodies (e.g. MMC, Nursing Board, etc.)
<input type="checkbox"/> Government Bodies (e.g. National Service, etc.)	<input type="checkbox"/> Employment purpose
<input type="checkbox"/> Others <small>please specify</small>	

No. of copies: please specify

Do you require MQA accreditation certificate? Yes No

Please complete the following if you would like us to mail the letters on your behalf, otherwise it is deemed as self collection from Academic Services.

Addressee 1 (if applicable)

Name of Organisation: _____

Address of Organisation: _____

City	Postal Code
State	Country

Addressee 2 (if applicable)

Name of Organisation: _____

Address of Organisation: _____

City	Postal Code
State	Country

IMPORTANT NOTES AND MANDATORY DECLARATION

- A nominal postage fee will be charged for each request requiring IMU to send verification letter to the addressee(s) on applicant's behalf.
 - By registered mail: RM20/address
 - By courier RM 110/address
- Please bring along or provide your original receipt, as proof of payment made, when submitting this form.
- The processing time of this application will take approximately 3 working days from date of submission.

Please read the following and sign before submitting this form.

- I hereby undertake that I fully aware of and will be bound by IMU policies, rules and regulations for this application.
- I hereby declare that all particulars provided by me are true and complete.

Signature of student

Name

Date

____ / ____ / ____

FOR OFFICE USE ONLY

Academic Services

- Verified the receipt submitted by student (if applicable).
 - Send via registered mail / courier service (delete where inappropriate)
- Consignment note no. _____
- Date: _____

Remark (if any)

Signature

Name

Date / /