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(020 7402 0045)
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سورھنجاي تيڦيكي نكار بروني دارالسلام

SURUHANJAYA TINGGI NEGARA BRUNEI DARUSSALAM
HIGH COMMISSION OF BRUNEI DARUSSALAM

(STUDENTS UNIT)
35 – 43 Norfolk Square
London W2 1RX

ACADEMIC STATUS FORM (ASF2) – 2011/2012 SESSION

ASF2

- A. Please write clearly with FULL BLOCK LETTERS and tick (✓) the appropriate boxes.
B. Students MUST attach a copy of the 2010/2011 exam results / transcripts OR official letter from the University addressed to the Director of Studies indicating the exams results.
C. The ASF2 form must be completed annually and should reach the Brunei Students Unit in London by 15th August 2011.
D. Failure to complete and return may result in UNNECESSARY DELAY OF PAYMENT OF YOUR ALLOWANCES. Please advise if your Bank Account has changed.
E. Please post / email to admin@upp.org.uk / send by hand.

1. BS/D/DS/N/U/Y NO: _____ S NO.: _____

2. NAME: _____

3. TYPE OF SCHOLARSHIP:

MOE		SPECIAL SCHEME 'A' LEVEL MEDICINE / EDUCATION		DANA	
BAS		UBD		ITB	
MoFAT		MORA		YAYASAN	
UNISSA		MORA / DANA			

YEAR AWARDED SCHOLARSHIP : SESSION _____

4. CONTACT ADDRESS / NUMBERS

U.K. ADDRESS: _____

CONTACT NO. IN UK: _____ CONTACT NO. IN NBD: _____

E-MAIL ADDRESS: _____

5. MARITAL STATUS: _____

6. PASSPORT NO.: _____ DATE OF EXPIRE: _____

7. VISA EXPIRE DATE: _____

8. **BANK DETAILS**

NAME : _____
(Name as stated on your debit card)

NAME OF BANK: _____ BANK BRANCH: _____

ADDRESS OF BANK: _____

BANK SORT CODE / ACCOUNT NO: - -

BS/D/DS/N/U/Y NO: _____ S NO: _____

9. COURSE / INSTITUTION

BS NO:	SESSION 2010/2011	SESSION 2011/2012
PLACE OF STUDY		
NAME OF COURSE		
YEAR OF COURSE		
DATE OF SESSION COMMENCE		
DATE/YEAR EXPECTED TO COMPLETE COURSE		
DURATION OF COURSE		
ARE YOU IN THE FINAL YEAR?		YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME OF COURSE TUTOR / SUPERVISOR		
TELEPHONE NO AND E-MAIL ADDRESS		

10. EXAMINATION RESULTS

(Please attach a copy of your 2010/2011 results OR provide an official letter from your University indicating your exam results)

	PASS				
	FAIL				
	RESIT WITH ATTENDANCE	DATE OF RESIT		DATE OF RESULTS TO BE ANNOUNCED	
	RESIT WITHOUT ATTENDANCE	DATE OF RESIT		DATE OF RESULTS TO BE ANNOUNCED	
	REPEAT			APPROVAL DATE FROM MOE/BSU:	

STUDENT'S SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE:

VERIFIED BY : _____
SIGNATURE : _____ DATE : _____

PROCEED / PENDING FOR RESULTS (KIV) / DO NOT PROCEED / OTHER:

SESSION 2011/2012	'O' OR EQUIVALENT	'A' LEVEL OR EQUIVALENT	HND OR EQUIVALENT	DEGREE OR EQUIVALENT	POST GRADUATE
BOOKS:					
CLOTHING:					
EQUIPMENT					

CHECKED BY : _____ DATE : _____
PAYMENT WILL BE MADE ON : _____