

**APPLICATION FOR STUDY IN UMP (INBOUND)**  
(This form has to be filled by the applicant 3 months before the program started.)

**PART I : To be completed by the applicant.**

**A. NAME OF PROGRAMME : Exchange / Short Term / Internship / Visits**

**B. APPLICANT / PARTICIPANT PERSONAL DETAILS (COMPULSORY)**

Recent Passport  
Sized Photograph  
( Please write your  
name at the back of  
the photo )

Name ( <i>Mr./Mrs./Miss</i> )			
Passport No.		Mobile Number	
Date of Birth		Age	
Place of Birth		Ethnicity	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single
Citizenship/ Nationality		Religion	
E-mail address	betc89@yahoo.com		
Next of kin		Contact number	
Home address			
State & Country		Postcode	

**C. EDUCATION AT HOME UNIVERSITY (COMPULSORY)**

Current Home University ( <i>name &amp; full address</i> )			
Phone number		Fax number	
E-mail address		University web site	
Faculty			
Programme Of Study			
Level Of Study	<input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> PhD	Current semester	
Current result (CGPA)		Expected year of graduation	
Academic awards obtained (please specify name of award, organiser & date received):			

**D. OTHERS (CO-CURRICULUM ACTIVITIES / SPECIAL SKILLS)**

Co-curriculum activities:
Special skills :

**E. STUDY IN UMP (COMPULSORY)**

Faculty / Center applied to in UMP	
Does your university have MoU with UMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of mobility program	<input type="checkbox"/> Exchange Programme (1 or 2 semester)  <input type="checkbox"/> Short term Programme (less than 1 semester) <ul style="list-style-type: none"> <li>• Mobility Program (2 weeks or more)</li> <li>• Short Mobility (7-13 days)</li> <li>• Industrial Training (with credit)</li> </ul> <input type="checkbox"/> Internship Programme (work/research attachment) <input type="checkbox"/> Visits (less than 7 days) <input type="checkbox"/> Others, please specify _____
Period of study (in UMP)	<input type="checkbox"/> 2 semesters <input type="checkbox"/> 1 semester <input type="checkbox"/> Others  Commencing _____ to _____
Please describe your research project (if relevant)	<hr style="border: 1px solid black;"/>          <hr style="border: 1px solid black;"/> Proposed site supervisor at UMP :  <hr style="border: 1px solid black;"/> List of equipment required :  <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
Transfer of credits required (Please fill in the Academic Transcript Form)	<input type="checkbox"/> Yes <input type="checkbox"/> No  Please specify each course to be taken in UMP:  _____  _____

**F. FINANCIAL INFORMATION (COMPULSORY)**

How would you intend to finance your programme?

Self-sponsored     
  Home Institution     
  Sponsor

Please specify details of sponsorships (Sponsoring Body/Institution/Association):

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**G. LANGUAGE**

Native Language							
Language proficiency	English	<input type="checkbox"/>	Proficient	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Weak
	Malay	<input type="checkbox"/>	Proficient	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Weak
	Others (specify)	<input type="checkbox"/>	Proficient	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Weak
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**H. INTER-OFFICE COMMUNICATION (COMPULSARY)**

Please include the contact person from the **home university** (international affairs officer/student exchange/mobility coordinator) who is responsible for correspondence.

Name (Mr. / Miss / Mrs.)			
Position  Office/Department			
Correspondence address			
Phone number		Fax number	
E-mail address			

***I hereby declare that the information provided in this form is true.***

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Name : \_\_\_\_\_

**NOTE: Please submit 4 current colored photographs (passport size), a copy of your passport (front page only). For credit transfer program, please enclosed a copy of academic transcript.**

**PART II : To be completed by UMP .**

**APPROVAL BY THE DEAN OF FACULTY / HEAD OF CoE :**

**Comment :**

(For credit transfer program, Dean is requested to comment on the courses applied by the students)

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Name :

Signature & Stamp :

Date:

**APPROVAL BY THE INTERNATIONAL OFFICE DIRECTOR :**

**Comment :**

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Name :

Signature & Stamp :

Date:

**APPROVAL BY THE DEPUTY VICE CHANCELLOR (ACADEMIC & INTERNATIONAL) / :  
DEPUTY VICE CHANCELLOR (RESEARCH & INNOVATION)**

**Comment :**

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Name :

Signature & Stamp :

Date :