

 اونیورسیتی ملیسیا قهغ UNIVERSITI MALAYSIA PAHANG	CENTRE FOR INTERNATIONAL RELATIONS PUSAT HUBUNGAN ANTARABANGSA	
	Universiti Malaysia Pahang Lebuhr Persiaran Tun Khalil Yaakob 26300 Kuantan Pahang Darul Makmur	Tel: +609 431 5032 Fax: +609 549 2729 Email: mobility@ump.edu.my Website: www.ump.edu.my
APPLICATION FORM INBOUND MOBILITY PROGRAM (This form is to be filled by the applicant 3 months before the program commences)		

PART I: To be completed by the applicant

A. PERSONAL DETAILS (COMPULSORY)

Name					Recent Passport-Sized Photograph	
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"/> Single		<input type="checkbox"/> Married
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please indicate your disability if any:			
Nationality			Religion			
Email Address						
Next of Kin			Contact Number			
Home Address						
State & Country			Postcode			

B. ACADEMIC INFORMATION (COMPULSORY)

Current Home Institution (Name & Full Address)					
Phone Number				Fax Number	
E-mail Address				Institution Website	
Faculty					
Programme of Study					
Level of Study	<input type="checkbox"/> Diploma	<input type="checkbox"/> Master	<input type="checkbox"/> Bachelor	<input type="checkbox"/> PhD	Current Semester
Current CGPA				Expected Year of Graduation	
Academic Award(s) Obtained (Please specify the award title(s), organiser(s) & date(s) received):					

C. ADDITIONAL INFORMATION (CO-CURRICULUR ACTIVITIES/SPECIAL SKILLS)

Co-Curricular Activities:	
Special Skills:	

D. INBOUND MOBILITY PROGRAMME INFORMATION (COMPULSORY)

College/Faculty/Centre Applied to in UMP	
Does your institution have any MoU with UMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Mobility Program	<input type="checkbox"/> Exchange Program (1 to 2 semesters) <input type="checkbox"/> Short-Term Program (less than 1 month) <input type="checkbox"/> Industrial Training <input type="checkbox"/> Research Attachment <input type="checkbox"/> Other, please specify _____
Period of Study in UMP	<input type="checkbox"/> 2 semesters <input type="checkbox"/> 1 semester <input type="checkbox"/> Other From _____ to _____
Research Project Description (If relevant)	_____ _____ _____ Proposed Site Supervisor in UMP: _____
Transfer of Credits (If yes, please fill in the Learning Agreement form attached)	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. LANGUAGE

Native Language							
Language Proficiency	English:	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Novice
	Malay:	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Novice
	Other(s), please specify:	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Novice

F. INTER-OFFICE COMMUNICATION (COMPULSORY)

Details of the contact person from your **home institution** (International Affairs Officer/Coordinator of Student Exchange/Mobility)

Name (Mr./Mrs./Ms.)			
Position			
Office/Department			
Correspondence Address			
Phone Number		Fax Number	
E-mail Address			

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

Signature: _____

Name: _____

Date: _____

NOTE: Please enclose one (1) recent passport-sized color photograph and a copy of your passport data page with validity more than 18 months from the intake date. For credit transfer purposes, please also enclose a copy of your academic transcript.

PART II: To be completed by UMP Officials

APPROVAL FROM THE DEAN OF COLLEGE/FACULTY/CENTRE:

Comment:

Approved Not Approved

This student shall be offered to (program code):

Name:

Signature & Stamp:

Date:

VERIFICATION BY THE DIRECTOR OF CENTRE FOR INTERNATIONAL RELATIONS:

Comment:

Name:

Signature & Stamp:

Date:

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

Comment:

Approved Not Approved

Name:

Signature & Stamp:

Date:

VERIFICATION BY THE DEAN OF INSTITUTE OF POSTGRADUATE STUDIES (PG):

Comment:

Name:

Signature & Stamp:

Date:

FOR CIR OFFICE USE ONLY:

Paperwork Preparation Date:

Paperwork Submission Date:

Note/Feedback:

Checked by:

PROGRAM IN HOME INSTITUTION:				PROGRAM IN HOST INSTITUTION:			
NO.	COURSE NAME	CREDIT HOUR	TOPIC	NO.	COURSE NAME	CREDIT HOUR	TOPIC

I hereby declare that the information provide in this form is true and correct.

Student's Signature:

Name:

Date:

<p>HOME INSTITUTION:</p> <p>We confirm that the proposed program of study/ learning agreement is approved.</p> <p>Dean's signature: _____ Institutional Coordinator's Signature: _____</p> <p>Date: _____ Date: _____</p>	<p>HOST INSTITUTION:</p> <p>We confirm that the proposed program of study/ learning agreement is approved.</p> <p>The program code for this student is: _____</p> <p>Dean's signature: _____ Institutional Coordinator's Signature: _____</p> <p>Date: _____ Date: _____</p>
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IT IS RECOMMENDED TO SUBMIT THIS DOCUMENT WITH PROVISIONAL MODULES BEFORE YOU LEAVE. THIS LEARNING AGREEMENT MUST BE COMPLETED WITHIN 2 WEEKS UPON ARRIVAL.