



Centre for International Affairs (CFIA)
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MOBILITY REPORT FORM

Participant Information

Full Name			
Matrix No.		Mobile No.	
Faculty / Institute / Program			
Education Session		E-mail	
Host University	UNIVERSITI MALAYSIA SABAH	Country	MALAYSIA

Mobility Information

Type of Mobility (tick in the box)	<input type="checkbox"/>	Short Term Programme* : _____
	<input type="checkbox"/>	1 Semester
	<input type="checkbox"/>	2 Semester
	} With Credit Transfer	
	*Please state the duration of programme	
Date of Mobility (Start)		Date of Mobility (End)
Home University / Institution		Country
Home University / Institution Address		
Telephone		Fax
E-mail Address		
Home Supervisor (contact person)		

Facilities Provided By Host University / Institution (tick in the box)	
<input type="checkbox"/> Accommodation	<input type="checkbox"/> Others (please specify) :
<input type="checkbox"/> Transportation	
<input type="checkbox"/> Financial Assistance	

Mobility Program Background

Program Objective	
Activities Done Throughout The Mobility Program (please specify)	

Program Output
(please specify)

Recommendation for Improvement
(please specify)

Acknowledgement

I would like to certify that the report I have provided on this form is complete, accurate and true to the best of my knowledge and experience throughout the whole mobility program.

Student Signature

Supervisor Signature

Name :

Name :

Date :

Date :

(DD/MM/YY)

(DD/MM/YY)

Note

- * This form must be completed and submitted a **WEEK** after the actual mobility program has ended
- * Please provide a copy of this report to the **Centre for International Affairs office** for data record purpose