

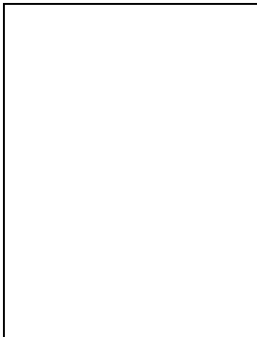


**INTERNATIONAL STUDENT MANAGEMENT UNIT CENTRE FOR
INTERNATIONAL AFFAIRS**

Please return this form to International Student Management Unit, Centre for International Affairs, Level 5 South Block, Chancellery Building, UMS Road, 88400 Kota Kinabalu, Sabah MALAYSIA

Phone : +6088 320 000 ext. 1385 / 1057
 Fax : +6088 320 126
 E-mail : intl@ums.edu.my

INTERNATIONAL MOBILITY PROGRAMME APPLICATION FORM



**SUBMISSION
REQUIREMENT
CHECKLIST**

- 1. Mobility Offer letter** from Home University
- 2. English Proficiency Result**
- 3. Examination Result** (Undergraduate student must obtain an absolute **CGPA of 3.0 and above** to be qualified for the mobility programme)
- 4. A photocopy of passport holder** (Front page, passport expiry date, updated pass)
- 5. Health Examination Report** (To be conducted in Kota Kinabalu, Sabah)
- 6. 2 (two) passport size photographs**
- 7. VDR Form**

PERSONAL DETAILS [Please type or print clearly]	
Full Name (Mr. /Ms.) As stated in your passport Other Name (If any) :	
Date of Birth (DD/MM/YY) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
Passport Particulars 1. Passport Number : 2. Valid until: 3. Place & Date of Issue: 4. Citizenship :	

ADDRESS INFORMATION	
Current Mailing Address	Postcode : Country :
Permanent Address	Postcode : Country :
Phone Number	
Fax Number	
E-Mail Address	
Address of Parent / Next – of – Kin	

MEDICAL DISCLOSURE
Do you have any disability, impairment, or long-term medical condition which may affect your studies?
<input type="checkbox"/> Yes (please provide specific details) :
<input type="checkbox"/> No

EMERGENCY CONTACT DETAILS			
Name			
Relationship			
Address			
Phone Number		Mobile Number	
E-Mail Address			

EDUCATION			
Current Home University	UNIVERSITI MALAYSIA SABAH		
Faculty / Institute			
Field of Study & Specialisation		Level of Study	<input type="checkbox"/> Degree <input type="checkbox"/> Master <input type="checkbox"/> Ph.D
Student Number		Current Semester	
Current CGPA		Expected Year of Graduation	
Academic Awards (please specify name of award, organiser, & date received)			

OTHERS (CO-CURRICULUM ACTIVITIES / SPECIAL SKILLS)	
Co-curriculum Activities :	
Special Skills :	

STUDENT MOBILITY PROGRAMME	
Host University / Institution Applied	
Period of Mobility Programme	<input type="checkbox"/> 1 Semester (with credit transfer) <input type="checkbox"/> 2 Semester (with credit transfer) <input type="checkbox"/> Short-term*
Commencing : _____ to _____	
FIELD OF STUDY	
<input type="checkbox"/> Coursework (please specify)	<input type="checkbox"/> Research

INTER OFFICE COMMUNICATION [please include the contact person from the home faculty / institute (student exchange coordinator) who is responsible for the correspondence]			
Name (Prof. / Dr. / Mr. / Mrs / Ms.)			
Office / Department			
Position			
Correspondence Address			
Phone Number		Mobile Number	
E-Mail Address			

CONSENT & DECLARATION

Consent (Parents / Guardian)

I _____, parents / guardian to _____, giving a grant and agreed upon his / her participation in (host university international mobility programme). I hereby acknowledge and agree that Universiti Malaysia Sabah will not be liable in any way for any loss, injury, sickness, or damages may suffer by him / her whilst participating in the programme, or which results in any way from his / her participation in the program, other than arising from or as a consequence of any negligent act or omission of Universiti Malaysia Sabah or its officers, employees, or agents.

Parent / Guardian Signature :

Parent / Guardian Name :
Date :
(DD/MM/YY)

Applicant Declaration

I would like to certify that the information I have provided on this application and in all other application materials is complete, accurate and true to the best of my knowledge and if admitted, I agree to abide by the rules and regulations of the host university. I hereby agree that, Universiti Malaysia Sabah will not be liable in any way for any loss, injuries, sickness, or damages I may suffer whilst participating in the program, or which results in any way from my participation in the programme, other than arising from or as a consequence of any negligent act or omission of Universiti Malaysia Sabah or its officers, employees, or agents.

Applicant's Signature :

Applicant's Name :
Date :
(DD/MM/YY)