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# MOBILITY REPORT FORM

## Student Information

|                   |                           |            |  |
|-------------------|---------------------------|------------|--|
| Full Name         |                           |            |  |
| Matrix No.        |                           | Mobile No. |  |
| Faculty / Program |                           |            |  |
| Education Session |                           | E-mail     |  |
| Home University   | Universiti Malaysia Sabah |            |  |

Mobility Information

|   |  |  |  |
|---|--|--|--|
| Type of Mobility<br>(tick in the box)                                     | <input type="checkbox"/> Short Term Programme* : _____ |  |  |
|   | <input type="checkbox"/> 1 Semester                    | } With / Without Credit Transfer<br>(circle one) |  |
|   | <input type="checkbox"/> 2 Semester                    |  |  |
| *Please state the duration of programme                                   |  |  |  |
| Date of Mobility<br>(Start)   |  | Date of Mobility<br>(End)                        |  |
| Host University /<br>Institution  |  | Country  |  |
| Host University /<br>Institution Address                                  |  |  |  |
| Telephone   |  | Fax  |  |
| E-mail Address  |  |  |  |
| Home Supervisor<br>(contact person)                                       |  |  |  |
| Facilities Provided By Host University / Institution<br>(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<br>(please specify) |  |
|   |  |
| Program Output<br>(please specify)                                  |  |
|   |  |
| Recommendation for Improvement<br>(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