

**CENTRE FOR INTERNATIONALISATION AND GLOBAL ENGAGEMENT**

Please return this form to Centre for Internationalisation and Global Engagement,  
Level 5, South Block, Chancellery Building, UMS Road, 88400 Kota Kinabalu,  
Sabah, MALAYSIA

Phone : +6088 320 000 ext. 1385 / 1093  
Fax : +6088 320 126  
E-mail : ums\_global@ums.edu.my

**INTERNATIONAL MOBILITY PROGRAMME APPLICATION FORM**

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**INBOUND MOBILITY**

☐

**OUTBOUND MOBILITY**

**PERSONAL DETAILS**

**Full Name (Mr. /Ms.) :**  
As stated in your passport

**Other Name (If any) :**

**Date of Birth (DD/MM/YY) :**

**Marital Status :**

☐

Single

☐

Married

**Gender :**

☐

Male

☐

Female

**Passport Particulars**

- 1. Passport Number :**
- 2. Valid until:**
- 3. Place & Date of Issue:**
- 4. Citizenship :**

**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**

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

MEDICAL DISCLOSURE			
<p><b>Do you have any disability, impairment, or long-term medical condition which may affect your studies?</b></p> <p><input type="checkbox"/> <b>Yes</b> (please provide specific details) :</p> <p><input type="checkbox"/> <b>No</b></p>			
EMERGENCY CONTACT DETAILS			
<b>Name</b>			
<b>Relationship</b>			
<b>Address</b>			
<b>Phone Number</b>		<b>Mobile Number</b>	
<b>E-Mail Address</b>			

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

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

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

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

APPROVAL OF DEAN OF FACULTY / INSTITUTE (HOME/HOST UNIVERSITY)
<p><b>Comment (s):</b></p>          <p><b>I accept / decline this student's application</b></p> <p><b>Signature :</b> <span style="float: right;"><b>Date :</b></span></p> <p><b>Official stamp :</b></p>

## 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 :**

### **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 :**