



# CENTRE FOR INTERNATIONAL RELATIONS

Universiti Malaysia Pahang

Lebuhraya Tun Razak

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## APPLICATION FORM

### INBOUND MOBILITY PROGRAMME

(This form is to be filled by the applicant 3 months before the programme 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
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"/> Bachelor	Current Semester		
	<input type="checkbox"/> Master	<input type="checkbox"/> PhD			
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-CURRICULAR 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 Programme	<input type="checkbox"/> Exchange Programme (1 to 2 semesters) <input type="checkbox"/> Short-Term Programme (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 <hr/>			

**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 colour photograph and a copy of your passport data page. 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:**

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☐ Approved      ☐ Not Approved

**Name:**

**Signature & Stamp:**

**Date:**

**VERIFICATION BY THE DIRECTOR OF CENTRE FOR INTERNATIONAL RELATIONS:**

**Comment:**

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**Name:**

**Signature & Stamp:**

**Date:**

**FOR CIR OFFICE USE ONLY:**

Application  
Reference  
Number: \_\_\_\_\_

Processed by: \_\_\_\_\_

Checked by: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_