


CENTRE FOR INTERNATIONAL RELATIONS

Universiti Malaysia Pahang
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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)

Recent Passport-
Sized Photograph

Name					
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-CURRICULUR 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

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:

Approved Not Approved

Name:

Signature & Stamp:

Date:

VERIFICATION BY THE DIRECTOR OF CENTRE FOR INTERNATIONAL RELATIONS:

Comment:

Name:

Signature & Stamp:

Date:

FOR CIR OFFICE USE ONLY:

Application
Reference
Number: _____

Processed by: _____

Checked by: _____

Date: _____

Date: _____