

**APPLICATION FOR STUDY IN UMP (INBOUND)
POSTGRADUATE PROGRAM**

**(This form has to be filled by the applicant no less than 4 months before
the program started.)**

PART I : To be completed by the applicant.

**A. NAME OF PROGRAMME : Exchange / Summer or Winter program/ Visit/
Research Attachment**

B. APPLICANT / PARTICIPANT PERSONAL DETAILS (COMPULSORY)

Recent Passport
Sized Photograph
(Please write your
name at the back of
the photo)

Name (Mr./Mrs./Miss)			
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"/> Married <input type="checkbox"/> Single
Citizenship/ Nationality		Religion	
E-mail address			
Next of kin		Contact number	
Home address			
State & Country		Postcode	

C. EDUCATION AT HOME UNIVERSITY (COMPULSORY)

Current Home University (name & full address)			
Phone number		Fax number	
E-mail address		University web site	
Faculty			
Programme Of Study			
Level Of Study	<input type="checkbox"/> Master <input type="checkbox"/> PhD	Current semester	
Current result (CGPA) <small>— if applicable</small>		Expected year of graduation	
Academic awards obtained (please specify name of award, organiser & date received):			

D. OTHERS (CO-CURRICULUM ACTIVITIES / SPECIAL SKILLS)

Co-curriculum activities:
Special skills :

E. STUDY IN UMP (COMPULSORY)

Faculty / Center applied to in UMP	
Does your university have MoU with UMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of mobility program	<input type="checkbox"/> Exchange Programme (min 1 semester or max 2 semesters) <input type="checkbox"/> Research attachment Duration _____ <input type="checkbox"/> Short term programs (summer course, winter course, visit) <input type="checkbox"/> Others, please specify _____
Period of study (in UMP)	<input type="checkbox"/> 2 semesters <input type="checkbox"/> 1 semester <input type="checkbox"/> Others Commencing _____ to _____
Please describe your research project (if relevant)	<hr/> Proposed site supervisor at UMP : <hr/> List of equipment required : <ul style="list-style-type: none">••••••
Transfer of credits required (Please fill in the Academic Transcript Form)	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify each course to be taken in UMP: _____ _____

F. FINANCIAL INFORMATION (COMPULSORY)

How would you intend to finance your programme?

☐

Self-sponsored

☐

Home Institution

☐

Sponsor

Please specify details of sponsorships (Sponsoring Body/Institution/Association):

G. LANGUAGE

Native Language							
Language proficiency	English	<input type="checkbox"/>	Proficient	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Weak
	Malay	<input type="checkbox"/>	Proficient	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Weak
	Others (specify)	<input type="checkbox"/>	Proficient	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Weak
	<hr/>						

H. INTER-OFFICE COMMUNICATION (COMPULSARY)

Please include the contact person from the **home university** (international affairs officer/student exchange/mobility coordinator) who is responsible for correspondence.

Name (Mr. / Miss / Mrs.)			
Position			
Office/Department			
Correspondence address			
Phone number		Fax number	
E-mail address			

I hereby declare that the information provided in this form is true.

Signature : _____

Date: _____

Name : _____

NOTE: Please submit current colored photographs (passport size), a copy of your passport (Information page only), supporting letter from your university. For credit transfer program, please enclosed a copy of academic transcript.

RECOMMENDED BY THE DEAN OF FACULTY / HEAD OF CoE :

Comment :

(For credit transfer program, Dean is requested to comment on the courses applied by the students)

Name :

Signature & Stamp :

Date:

VERIFY BY THE INTERNATIONAL OFFICE (IO) DIRECTOR :

Comment :

Name :

Signature & Stamp :

Date:

**APPROVAL BY THE DEPUTY VICE CHANCELLOR (ACADEMIC & INTERNATIONAL) / :
DEPUTY VICE CHANCELLOR (RESEARCH & INNOVATION)**

Comment :

Name :

Signature & Stamp :

Date :

VERIFY BY INSTITUTE OF POSTGRADUATE STUDIES (IPS)

Comment :

Name :

Signature & Stamp :

Date:



Darul Makmur

Tel: 609-549 2631 / 549 2613

Fax: 609-549 2698

E-mail : io@ump.edu.my Website:

www.io.ump.edu.my

[illegible]

NAME OF HOME UNIVERSITY (UI) POSTGRADUATE PROGRAM :					NAME OF HOST UNIVERSITY (UH) POSTGRADUATE PROGRAM :				
NO.	NAME OF COURSES	CREDIT HOUR	TOPICS	CONTACT HOUR	NO.	NAME OF COURSES	CREDIT HOUR	TOPICS	CONTACT HOUR

I hereby declare that the information provided in this form is true.

Student’s Signature : _____ Date: _____

Name : _____

DEAN’S APPROVAL	HOME UNIVERSITY (UI)	HOST UNIVERSITY (UH)
SIGNATURE & DATE		
NAME & DESIGNATION		