UMS
UNIVERSITI MALAYSIA SABAH

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

INTERNATIONAL MOBILITY PROGRAME APPLICATION FORM

☐ 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 :**
Gender : ☐ Male ☐ Female	☐ Single ☐ Married

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

Current Mailing Address	 Postcode :　　　　　　　　　Country :
Permanent Address	 Postcode :　　　　　　　　　Country :
Phone Number	
Fax Number	
E-Mail Address	
Address of Parent / Next – of – Kin	

MEDICAL DISCLOSURE

Do you have any disability, impairment, or long-term medical condition which may affect your studies?

☐ **Yes** (please provide specific details) **:**

☐ **No**

EMERGENCY CONTACT DETAILS

Name			
Relationship			
Address			
Phone Number		**Mobile Number**	
E-Mail Address			

EDUCATION			
Current Home University			
Faculty / Institute			
Field of Study & Specialisation		**Level of Study**	☐ **Degree** ☐ **Master** ☐ **Ph.D**
Student Number		**Current Semester**	
Current CGPA		**Expected Year of Graduation**	
Academic Awards (please specify name of award, organiser, & date received)			

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

STUDENT MOBILITY PROGRAMME	
Host University / Institution Applied	
Period of Mobility Programme	☐ **1 Semester** (with credit transfer) ☐ **2 Semester** (with credit transfer) ☐ **Short-term*** Commencing : to

FIELD OF STUDY	
☐ **Coursework** (please specify)	☐ **Research** (please specify)

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

APPROVAL OF DEAN OF FACULTY / INSTITUTE (HOME/HOST UNIVERSITY)
Comment (s):   **I accept / decline this student's application** **Signature :**   **Date :** **Official stamp :**

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 :