



**Universiti
Malaysia
PAHANG**
Engineering • Technology • Creativity

CENTER FOR INTERNATIONAL RELATIONS

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**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. 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	

B. 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) - if applicable		Expected year of graduation	
Academic awards obtained (please specify name of award, organiser & date received):			

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

Co-curriculum activities:
Special skills :

D. 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/> <p>Proposed site supervisor at UMP :</p> <hr/> <p>List of equipment required :</p> <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: _____ _____

E. 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):

F. 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/>						

G. 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.

PART II : To be completed by UMP .

RECOMMENDATION BY THE DEAN OF FACULTY / COLLEGE / HEAD OF CoE

Comment :

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

Name :

Signature & Stamp :

Date:

RECOMMENDATION BY THE DIRECTOR OF CENTRE FOR INTERNATIONAL RELATIONS

Comment :

Name :

Signature & Stamp :

Date:

RECOMMENDATION BY THE DEAN OF INSTITUTE OF POSTGRADUATE STUDIES

Comment :

Name :

Signature & Stamp :

Date:

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

Comment :

Name :

Signature & Stamp :

Date :

NAME OF HOME INSTITUTION DEGREE PROGRAMME: _____					NAME OF HOST INSTITUTION DEGREE PROGRAMME: _____				
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 : _____

HOME INSTITUTION:		HOST INSTITUTION:	
We confirm that the proposed programme of study/learning agreement is approved.		We confirm that this proposed programme of study/learning agreement is approved.	
Dean signature:	Institutional coordinator's signature:	Dean signature:	Institutional coordinator's signature:
Date:	Date:	Date:	Date:

IF YOU CAN, SUBMIT THIS DOCUMENT WITH PROVISIONAL MODULES BEFORE YOU LEAVE.
THE FINALISE LEARNING AGREEMENT MUST BE COMPLETED WITHIN 2 WEEKS OF ARRIVAL.