UNIVERSITI MALAYSIA PAHANG
AL-SULTAN ABDULLAH

CENTRE FOR MOBILITY AND STUDENT EXCHANGE (CMEx)

PUSAT MOBILITI DAN PERTUKARAN PELAJAR

Universiti Malaysia Pahang Al- Sultan Abdullah
Lebuh Persiaran Tun Khalil Yaakob
26300 Kuantan
Pahang Darul Makmur

Tel: +609 431 5032
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Email: mobility@umpsa.edu.my
Website: www.umpsa.edu.my

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

Recent Passport-Sized Photograph

A. PERSONAL DETAILS (COMPULSORY)

Name					
Passport No.		Mobile Number			
Date of Birth		Age			
Place of Birth		Ethnicity			
Gender	☐ Male	☐ Female	Marital Status	☐ Single	☐ Married
Disability	☐ Yes	☐ No	Please indicate your disability if any:		
Nationality		Religion			
Email Address					
Next of Kin		Contact Number			
Home Address					
State & Country		Postcode			

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	☐ Diploma ☐ Master	☐ Bachelor ☐ PhD	Current Semester		
Current CGPA		Expected Year of Graduation			
Academic Award(s) Obtained (Please specify the award title(s), organiser(s) & date(s) received):					

B. ADDITIONAL INFORMATION (CO-CURRICULAR ACTIVITIES/SPECIAL SKILLS)

Co-Curricular Activities:	
Special Skills:	

C. INBOUND MOBILITY PROGRAMME INFORMATION (COMPULSORY)

Applied Faculty/Centre At UMPSA	
Does your institution have any MoU with UMPSA?	☐ Yes ☐ No
Type of Mobility Programme	☐ Exchange Program (1 to 2 semesters) ☐ Short-Term Program (less than 1 month) Industrial ☐ Training ☐ Research Attachment Other, please specify
Period of Study in UMPSA	☐ 2 Semester ☐ 1 Semester ☐ Other From _____ to _____
Research Project Description (If relevant)	_____ _____ _____ Proposed Site Supervisor in UMPSA: _____
Transfer of Credits (If yes, please fill in the Learning Agreement form attached)	☐ Yes ☐ No

D. LANGUAGE

Native Language	
Language Proficiency	English: ☐ Advanced ☐ Intermediate ☐ Novice Malay: ☐ Advanced ☐ Intermediate ☐ Novice Other(s), please specify: ☐ Advanced ☐ Intermediate ☐ Novice

E. 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 color photograph and a copy of your passport data page with validity more than 18 months from the intake date. For credit transfer purposes, please also enclose a copy of your academic transcript.

PART II: To be completed by UMPSA Officials

APPROVAL FROM THE DEAN OF FACULTY/CENTRE:

Comment:

☐ Approved ☐ Not Approved

This student shall be offered to (program code):

Name:

Signature & Stamp:

Date:

VERIFICATION BY THE DIRECTOR OF CENTRE FOR MOBILITY AND STUDENT EXCHANGE:

Comment:

Name:

Signature & Stamp: Date:

APPROVAL BY THE DEPUTY VICE-CHANCELLOR (ACADEMIC/ INTERNATIONAL)/ DEPUTY OF VICE-CHANCELLOR (RESEARCH/ INNOVATION):

Comment:

☐ Approved ☐ Not Approved

Name:

Signature & Stamp:

Date:

FOR CENTRE FOR MOBILITY AND STUDENT EXCHANGE OFFICE USE ONLY:

Paperwork Preparation Date: Paperwork

Submission Date:

Note/Feedback: Checked

by:

CENTRE FOR MOBILITY AND STUDENT EXCHANGE
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LEBUH PERSIARAN TUN KHALIL YAAKOB
26300, KUANTAN
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TEL: +609-431 5032

FAKS: +609-549 2729

EMEL: mobility@umpsa.edu.my/

WEBSITE: www.umpsa.edu.my

LEARNING AGREEMENT

PROGRAMME IN HOME INSTITUTION:				PROGRAMME IN HOST INSTITUTION:			
NO.	COURSE NAME	CREDIT HOUR	TOPIC	NO.	COURSE NAME	CREDIT HOUR	TOPIC

PROGRAMME IN HOME INSTITUTION:				PROGRAMME IN HOST INSTITUTION:			
NO.	COURSE NAME	CREDIT HOUR	TOPIC	NO.	COURSE NAME	CREDIT HOUR	TOPIC

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

Student's Signature:

Name: Date:

HOME INSTITUTION:		**HOST INSTITUTION:**	
We confirm that the proposed program of study/ learning agreement is approved.		We confirm that the proposed program of study/ learning agreement is approved. The program code for this student is:	
Dean's signature:	Institutional Coordinator's Signature:	Dean's signature:	Institutional Coordinator's Signature:
Date:	Date:	Date:	Date:

IT IS RECOMMENDED TO SUBMIT THIS DOCUMENT WITH PROVISIONAL MODULES BEFORE YOU LEAVE. THIS LEARNING AGREEMENT MUST BE COMPLETED WITHIN 2 WEEKS UPON ARRIVAL.