

 UNIVERSITI MALAYSIA PAHANG AL-SULTAN ABDULLAH	CENTRE FOR ACADEMIC COLLABORATION & MOBILITY PUSAT KERJASAMA AKADEMIK & MOBILITI	
	Universiti Malaysia Pahang Al- Sultan Abdullah Lebuhr Persiaran Tun Khalil Yaakob 26300 Kuantan Pahang Darul Makmur	Tel: +609 431 5032 Fax: +609 549 2729 Email: mobility@umpsa.edu.my Website: www.umpsa.edu.my
APPLICATION FORM INBOUND MOBILITY PROGRAM (This form is to be filled by the applicant 3 months before the program commences)		

PART I: To be completed by the applicant

A. PERSONAL DETAILS (COMPULSORY)

Name					Recent Passport-Sized Photograph
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
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please indicate your disability if any:		
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"/> Master	<input type="checkbox"/> Bachelor	<input type="checkbox"/> PhD	Current Semester
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 UMPSA	
Does your institution have any MoU with UMPSA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of MobilityProgram	<input type="checkbox"/> Exchange Program (1 to 2 semesters) <input type="checkbox"/> Short-Term Program (less than 1 month) <input type="checkbox"/> Industrial Training <input type="checkbox"/> Research Attachment <input type="checkbox"/> Other, please specify_____
Period of Study in UMPSA	<input type="checkbox"/> 2 semesters <input type="checkbox"/> 1 semester <input type="checkbox"/> Other From_____to _____
Research Project Description (If relevant)	<hr/> <hr/> <hr/> Proposed Site Supervisor in UMPSA: <hr/>
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 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 COLLEGE/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 ACADEMIC COLLABORATION & MOBILITY:

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:

VERIFICATION BY THE DEAN OF INSTITUTE OF POSTGRADUATE STUDIES (PG):

Comment:

Name:

Signature & Stamp:

Date:

FOR CACM OFFICE USE ONLY:

Paperwork Preparation Date:

Paperwork Submission Date:

Note/Feedback:

Checked by:

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

I hereby declare that the information provide 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:	Dean's signature:
Institutional Coordinator's Signature:	Institutional Coordinator's Signature:
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.