



**UNIVERSITI MALAYSIA PAHANG  
AL-SULTAN ABDULLAH**

**CENTRE FOR ACADEMIC COLLABORATION AND MOBILITY**

**PUSAT KERJASAMA AKADEMIK DAN MOBILITI**

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

Tel: +609 431 5032  
Fax: +609 549 2729  
Email: [mobility@umpsa.edu.my](mailto:mobility@umpsa.edu.my)  
Website: [www.umpsa.edu.my](http://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**

**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-CURRICULAR ACTIVITIES/SPECIAL SKILLS)**

Co-Curricular Activities:	
Special Skills:	

**D. INBOUND MOBILITY PROGRAMME INFORMATION (COMPULSORY)**

Applied Faculty/Centre At UMPSA	
Does your institution have any MoU with UMPSA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Mobility Programme	<input type="checkbox"/> Exchange Program (1 to 2 semesters) <input type="checkbox"/> Short-Term Program (less than 1 month) Industrial <input type="checkbox"/> Training <input type="checkbox"/> Research Attachment Other, please specify
Period of Study in UMPSA	<input type="checkbox"/> 2 Semester <input type="checkbox"/> 1 Semester <input type="checkbox"/> 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)	<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 FACULTY/CENTRE:**

**Comment:**

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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:**

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Name:

Signature & Stamp: Date:

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

**Comment:**

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Approved       Not Approved

Name:

Signature & Stamp:

Date:

**FOR CENTRE FOR ACADEMIC COLLABORATION AND MOBILITY OFFICE USE ONLY:**

Paperwork Preparation Date: Paperwork

Submission Date:

Note/Feedback: Checked

by:



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FAKS: +609-549 2729

EMEL: [mobility@umpsa.edu.my/](mailto:mobility@umpsa.edu.my/)

WEBSITE: [www.umpsa.edu.my](http://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: Click or tap here to enter text.

<b>HOME INSTITUTION:</b>		<b>HOST INSTITUTION:</b>	
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.