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|  | **OPERASI PERKHIDMATAN SOKONGAN**  **PUSAT ANTARABANGSA**  **Kod Dokumen: OPR/INTL/BR02/OUTBOUND** |
| **APPLICATION FORM FOR STUDY ABROAD (OUTBOUND)** |

Passport-sized picture

**(ALL ITEMS MUST BE FILLED)**

# APPLICANT / PARTICIPANT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Click or tap here to enter text. | | |
| Salutation | Choose an item. | | |
| Matric No. | Click or tap here to enter text. | Current semester | Choose an item. |
| Programme | Click or tap here to enter text. | | |
| Faculty | Choose an item. | | |
| Department | Click or tap here to enter text. | | |
| Advisor Name | Click or tap here to enter text. | | |
| Current CGPA | Click or tap here to enter text. | Expected year of  graduation | Click here |
| Date of Birth | Click or tap to enter a date. | IC / Passport No. | Click here |
| Gender | Choose an item. | Marital Status | Choose an item. |
| Nationality | Click or tap here to enter text. | Mobile number | Click here |
| Email address | Click or tap here to enter text. | | |
| **EMERGENCY CONTACT INFORMATION** | | | |
| Name | Click or tap here to enter text. | Relationship | Click here |
| IC / Passport No. | Click or tap here to enter text. | Contact number | Click here |
| Home address | Click or tap here to enter text. | | |
| College address (if different from above) | Click or tap here to enter text. | | |

1. **MOBILITY PROGRAM INFORMATION**

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| --- | --- | --- |
| Type of Program | AIMS Semester Exchange Program  Exchange Programme (1 or 2 semesters with credit transfer)  Industrial Training / Internship  ASEAN International Mobility for Students (AIMS) Programme  ASEAN University Network (AUN) Programme  MEVLANA Exchange Protocol  Others, please specify: Click or tap here to enter text. | |
| Type of Mobility | Physical  Virtual  Hybrid | |
| AIMS Partner University (Only for AIMS Semester Exchange Program) | Field | AIMS Partner University |
| Choose an item. | Choose an item. |
| Name of Host University/Institution  (For other types of program) | Click or tap here to enter text. | |
| Partnership with UPM (Through Mou/MoA) | Partner University  Non-partner University | |
| Period of Mobility | Commencing from Click or tap to enter a date. to Click or tap to enter a date. | |
| Contact Person at Host University/Institution | Full Name: Click or tap here to enter text.  Position: Click or tap here to enter text.  Full Address: Click or tap here to enter text.  Phone Number: Click or tap here to enter text.  Email Address: Click or tap here to enter text. | |
| Credit transfer availability | Offered  Not Offered | |
| Scholarship/Grant from Host University for Mobility Program | Available  Not Available | |
| Amount of Scholarship Granted | Click or tap here to enter text. | |

1. **LANGUAGE PROFICIENCY**

*Scale : 1 ( Elementary) , 2 (Limited Working), 3 (General Proficiency), 4 (Advanced Profesional),   
 5 (Functionally Native)*

|  |  |
| --- | --- |
| English | Choose an item. |
| Malay | Choose an item. |
| Others (Please specify): Click here to enter text. | Choose an item. |

1. **ACHIEVEMENTS**

|  |
| --- |
| Academic awards obtained (please specify name of award, organizer & date received and attach all the related documents):  Click or tap here to enter text. |
| Co-curriculum activities (please specify ALL the details and attach all the related documents Click or tap here to enter text. |

# HOME FACULTY APPROVAL BY DEAN OR DEPUTY DEAN (ACADEMIC)

Please include the contact person from the home Faculty / Institute (mobility coordinator) who is responsible for correspondence.

|  |  |  |  |
| --- | --- | --- | --- |
| **MOBILITY COORDINATOR INFORMATION** | | | |
| Name  (Prof. / Dr. / Mr. / Mrs. / Ms) | Click or tap here to enter text. | | |
| Position | Click or tap here to enter text. | | |
| Phone number | Click or tap here to enter text. | Fax number | Click here to enter text. |
| E-mail address | Click or tap here to enter text. | | |
| **STUDENT EVALUATION BY MOBILITY COORDINATOR** | | | | |
| Level of student’s co curriculum activities | 1 (Very Weak)  2 (Weak)  3 (Intermediate)  4 (Good)  5 (Excellent)  Remarks: Click or tap here to enter text. | | | |
| **APPLICATION APPROVAL BY DEAN OR DEPUTY DEAN (ACADEMIC)** | | | | |
| Student Application Status | Approved  Rejected | | | |
| Application Remarks | Click or tap here to enter text. | | | |
| Faculty Endorsement | Signature & Stamp:  Date : Click or tap to enter a date. | | | |

***I hereby declare that I shall be a normally registered student in Universiti Putra Malaysia during the whole period of exchange mobility.***

***I hereby declare that all information provided in this form is true. I acknowledge that Universiti Putra Malaysia reserves the right to vary or reserve any decision regarding admission or enrolment made on the basis of the given information.***

Signature : Click or tap here to enter text. Date : Click or tap to enter a date.

Name : Click or tap here to enter text.

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# APPLICATION CHECKLIST

**Incomplete application form will not be processed.** Please ensure that you have read and fully understood the application guidelines before submitting your application. Please enclose this form with the following document:

* a copy of your IC
* a copy of Passport (if available)
* a copy of your academic transcript (latest transcript)
* a copy of offer letter / letter of approval from host university

ALL applications must be submitted to the Putra International Centre through the applicant’s Faculty/ School/ Institute/Colleges