



**UMS**  
UNIVERSITI MALAYSIA SABAH

**INTERNATIONAL STUDENT MANAGEMENT UNIT CENTRE FOR  
INTERNATIONAL AFFAIRS**

Please return this form to International Student Management Unit, Centre for International Affairs, Level 5 South Block, Chancellery Building, UMS Road, 88400 Kota Kinabalu, Sabah, MALAYSIA

Phone : +6088 320 000 ext. 1385 / 1057  
Fax : +6088 320 126  
E-mail : intl@ums.edu.my

**MOBILITY PROGRAMME APPLICATION FORM**

**PERSONAL DETAILS**  
[Please type or print clearly]

Full Name (Mr./ Ms.)  
As stated in your passport

Other Name (If any)

Date of Birth (DD/MM/YY)

Marital Status

Gender

Male  Female

Single

Married

Passport Particulars

1. Passport Number :
2. Valid until :
3. Place & Date of Issue :
4. Citizenship :

**SUBMISSION REQUIREMENT  
CHECKLIST**

1. **Mobility Offer letter** from Home University
2. **English Proficiency Result**
3. **Examination Result** (Undergraduate student must obtain an absolute **CGPA of 3.0 and above** to be qualified for the mobility programme)
4. **A photocopy of passport holder** (Front page, passport expiry date, updated pass)
5. **Health Examination Report** (To be conducted in Kota Kinabalu, Sabah)
6. **2 (two) passport size photographs**
7. **VDR Form**
8. Application are to be submitted **before 1<sup>st</sup> of May**

ADDRESS INFORMATION	
Current Mailing Address	Postcode : Country :
Permanent Address	Postcode : Country :
Phone Number	
Fax Number	
E-Mail Address	
Address of Parent / Next – of – Kin	

MEDICAL DISCLOSURE
Do you have any disability, impairment, or long-term medical condition which may affect your studies?
<input type="checkbox"/> No <input type="checkbox"/> Yes (please provide specific details) :

EMERGENCY CONTACT DETAILS			
Name			
Relationship			
Address			
Phone Number		Mobile Number	
E-Mail Address			

EDUCATION			
Current Home University			
Faculty			
Field of Study & Specialisation		Level of Study	<input type="checkbox"/> Degree <input type="checkbox"/> Master <input type="checkbox"/> Ph.D
Student Number		Current Semester	
Current CGPA		Expected Year of Graduation	
Academic Awards (please specify name of award, organiser, & date received)			

<b>OTHERS ( CO-CURRICULUM ACTIVITIES / SPECIAL SKILLS )</b>
Co-curriculum Activities :
Special Skills :

<b>STUDENT MOBILITY PROGRAMME</b>	
Host University / Institution Applied	Universiti Malaysia Sabah
Period of Mobility Programme	<input type="checkbox"/> 1 Semester (with credit transfer) <input type="checkbox"/> 2 Semester (with credit transfer) <input type="checkbox"/> Short-term*  Commencing : _____ to _____
<b>COURSE APPLIED (If applicable)</b>	
<input type="checkbox"/> Coursework (please specify by stating desired faculty / institute & programme)	<input type="checkbox"/> Research

## INTER OFFICE COMMUNICATION

[please include the contact person from the home faculty / institute (student exchange coordinator) who is responsible for the correspondence]

Name (Prof. / Dr. /Mr. / Mrs / Ms.)			
Office / Department			
Position			
Correspondence Address			
Phone Number		Mobile Number	
E-Mail Address			

## CONSENT &amp; DECLARATION

## Consent (Parents / Guardian)

I \_\_\_\_\_, parents / guardian to \_\_\_\_\_, giving a grant and agreed upon his / her participation in Universiti Malaysia Sabah International Mobility Programme. I hereby acknowledge and agree that Universiti Malaysia Sabah will not be liable in any way for any loss, injury, sickness, or damages may suffer by him / her whilst participating in the programme, or which results in any way from his / her participation in the program, other than arising from or as a consequence of any negligent act or omission of Universiti Malaysia Sabah or its officers, employees, or agents.

Parent / Guardian Signature :

Parent / Guardian Name :

Date :

## Applicant Declaration

I would like to certify that the information I have provided on this application and in all other application materials is complete, accurate and true to the best of my knowledge and if admitted, I agree to abide by the rules and regulations of the University. I hereby agree that, Universiti Malaysia Sabah will not be liable in any way for any loss, injuries, sickness, or damages I may suffer whilst participating in the program, or which results in any way from my participation in the programme, other than arising from or as a consequence of any negligent act or omission of Universiti Malaysia Sabah or its officers, employees, or agents.

Applicant's Signature :

Applicant's Name :

Date :

HOST - OFFICE REFERENCE  
(This section is to be filled by UMS)

APPROVAL BY THE DEPUTY VICE CHANCELLOR (ACADEMIC & INTERNATIONAL), UMS

Signature :

Date :

DEAN OF THE HOST FACULTY / INSTITUTE

Comment(s)

I accept / decline this student's application

Signature :

Date :