



**UNIVERSITI MALAYSIA PAHANG
AL-SULTAN ABDULLAH**

**CENTRE FOR ACADEMIC COLLABORATION & MOBILITY
PUSAT KERJASAMA AKADEMIK & MOBILITI**

Universiti Malaysia Pahang Al- Sultan Abdullah
Lebuh Persiaran Tun Khalil Yaakob
26300 Kuantan
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**APPLICATION FORM
OUTBOUND 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)

Recent Passport-
Sized Photograph

Name					
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. UMPSA ACADEMIC INFORMATION (COMPULSORY)

College/Faculty/Centre					
Programme of Study			Matric No.		
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. OUTBOUND MOBILITY PROGRAMME INFORMATION (COMPULSORY)

Host Institution Applied to	
Does the host institution have any MoU with UMPSA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Mobility Program	<input type="checkbox"/> <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 Other, please specify _____
Period of Study (in Host Institution)	<input type="checkbox"/> 2 semesters <input type="checkbox"/> 1 semester <input type="checkbox"/> Other From _____ to _____
Research Project Description (If relevant)	<hr/> <hr/> <hr/> <hr/>
Transfer of Credits (If yes, please fill in the Learning Agreement form below)	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. FINANCIAL SUPPORT INFORMATION (COMPULSORY)

How do you intend to finance this mobility program?

☐

Self-Sponsored

☐

Home Institution

☐

Sponsor

Please indicate your average household income:

☐

<RM3000

☐

<RM5000

☐

<RM10,000

☐

>RM10,000

Please specify sponsorship details (Sponsoring Body/Institution/Association):

F. 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
	<hr/>						

F. INTER-OFFICE COMMUNICATION (COMPULSORY)

Details of the contact person from the **host 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			

G. APPROVAL FROM THE DEAN OF COLLEGE/FACULTY/CENTRE

Comment:

☐ Approved ☐ Not Approved

Name:

Signature & Stamp:

Date:

I hereby declare that as a full-time registered student of Universiti Malaysia Pahang Al- Sultan Abdullah, I am still bound by the university rules and regulations during the whole period of exchange/mobility program.

I hereby declare that all information provided in this form is true and correct. I acknowledge that Universiti Malaysia Pahang Al- Sultan Abdullah reserves the right to reject the application, withdraw the offer, vary or reserve any decision if any information given is found to be false or incorrect. I also agree to follow the rules and regulations of the host institution and pay all fees as stipulated.

Signature: _____

Date: _____

Name: _____

NOTE: Please enclose one (1) recent passport-sized colour photographs, English proficiency certificate and a copy of your passport data page. For credit transfer purposes, please also enclose a copy of academic transcript of previous semesters.

PART II: To be completed by related departments in UMPSA

VERIFICATION BY THE DIRECTOR OF CENTRE FOR ACADEMIC COLLABORATION & MOBILITY:

Comment:

Signature & Stamp:

Date:

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

Comment:

Signature & Stamp:

Date:

APPROVAL BY THE DEPUTY VICE CHANCELLOR (ACADEMIC & INTERNATIONAL):

Comment:

Signature & Stamp:

Date:

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: 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.