UPM UNIVERSITI PUTRA MALAYSIA

OPERASI PERKHIDMATAN SOKONGAN

PUSAT ANTARABANGSA PUTRA

Kod Dokumen: OPR/INTL/BR02/OUTBOUND

APPLICATION FORM FOR STUDY ABROAD (OUTBOUND)

Passport-sized picture (ALL ITEMS MUST BE FILLED) A. APPLICANT / PARTICIPANT INFORMATION **Full Name** Salutation Matric No. Current semester Programme Faculty Department **Advisor Name** Current CGPA Expected year of graduation Date of Birth IC / Passport No. Gender **Marital Status** Nationality Mobile number **Email address EMERGENCY CONTACT INFORMATION** Name Relationship IC / Passport No. Contact number Home address College address (if different from above)

NO. SEMAKAN : 03

NO. ISU : 01 TARIKH KUAT KUASA : 09/09/2022

B. MOBILITY PROGRAM INFORMATION

Type of Program	☐ Industrial Training / Inter	or 2 semesters with credit transfer) rnship pility for Students (AIMS) Programme rk (AUN) Programme
Type of Mobility	☐ Physical ☐ Virtual ☐ Hybrid	
AIMS Partner University (Only for AIMS Semester Exchange Program)	Field	AIMS Partner University
Name of Host University/Institution (For other types of program)		
Partnership with UPM (Through Mou/MoA)	☐ Partner University ☐ Non-partner University	
Period of Mobility	Commencing from	to
Contact Person at Host University/Institution	Full Name: Position: Full Address: Phone Number:	
Credit transfer availability	Email Address: ☐ Offered ☐ Not Offered	
Scholarship/Grant from Host University for Mobility Program	☐ Available ☐ Not Available	
Amount of Scholarship Granted		

NO. SEMAKAN : 03 NO. ISU : 01 TARIKH KUAT KUASA : 09/09/2022

C. LANGUAGE PROFICIENCY

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

English	
Malay	
Others (Please specify):	
D. ACHIEVEMENTS	
Academic awards obtained documents):	(please specify name of award, organizer & date received and attach all the related
Co-curriculum activities (ple	ease specify ALL the details and attach all the related documents
E. <u>HOME</u> FACULTY APPRO	VAL BY DEAN OR DEPUTY DEAN (ACADEMIC)
Please include the contact pecorrespondence.	erson from the <u>home</u> Faculty / Institute (mobility coordinator) who is responsible for
	MOBILITY COORDINATOR INFORMATION
Name (Prof. / Dr. / Mr. / Mrs. / Ms)	

Fax number

NO. SEMAKAN : 03 NO. ISU : 01

Position

Phone number

E-mail address

TARIKH KUAT KUASA: 09/09/2022

STUDENT EVALUATION BY MOBILITY COORDINATOR		
Level of student's co curriculum activities	☐ 1 (Very Weak) ☐ 2 (Weak) ☐ 3 (Intermediate) ☐ 4 (Good) ☐ 5 (Excellent) Remarks:	
APPLICATION APPROVAL BY DEAN OR DEPUTY DEAN (ACADEMIC)		
Student Application Status	☐ Approved ☐ Rejected	
Application Remarks		
Faculty Endorsement	Signature & Stamp:	
	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 :	Date :	
Name ·		

APPLICATION CHECKLIST

<u>Incomplete application form will not be processed.</u> 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

NO. SEMAKAN : 03

NO. ISU : 01 4 drp. 4

TARIKH KUAT KUASA: 09/09/2022