



**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

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 <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Gender <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Male <input type="checkbox"/> Female </div> </div> <div style="width: 45%;"> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Single <input type="checkbox"/> Married </div> </div> </div>
Passport Particulars <div style="margin-top: 10px;"> 1. Passport Number : </div> <div style="margin-top: 10px;"> 2. Valid until : </div> <div style="margin-top: 10px;"> 3. Place & Date of Issue : </div> <div style="margin-top: 10px;"> 4. Citizenship : </div>	

**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 1st 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)			

OTHERS (CO-CURRICULUM ACTIVITIES / SPECIAL SKILLS)

Co-curriculum Activities :

Special Skills :

STUDENT MOBILITY PROGRAMME

Host University /
Institution Applied

Universiti Malaysia Sabah

Period of Mobility
Programme☐

1 Semester (with credit transfer)

☐

2 Semester (with credit transfer)

☐

Short-term*

Commencing :

to

COURSE APPLIED
(If applicable)☐

Coursework

(please specify by stating desired faculty / institute &
programme)☐

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 & 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 :