

APPLICATION FORM: UKM SHORT TERM MOBILITY PROGRAMME

Name of Programme:

Date of Programme:

Name of Faculty:

Attach one recent
passport photograph
(3.5 cm x 5.0 cm)

(Blue background)

SECTION A: STUDENT INFORMATION

1. Full Name:
2. Gender: Male Female 3. Date of Birth: / /
4. Passport No.: 5. Expiry Date: / /
6. Country of Citizenship:
7. Academic Major: 8. CGPA:
9. Year of Study: 2nd Year 3rd Year 4th Year
10. Email:

SECTION B: HOME UNIVERSITY

1. Name of University:
2. Address of University:
3. Country: 4. Postal Code:
5. Name of Coordinator:
6. Email: 7. Tel. No.:

SECTION C: ADDITIONAL INFORMATION

1. Dietary Requirements:
2. Size of tshirt: S (Shoulder – 17', Length – 25') M (Shoulder - 17.5', Length - 26.5')
 L (Shoulder – 20', Length – 27') XL (Shoulder - 20.5', Length – 28')
 Others (Please state):

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SECTION D: APPLICANT DECLARATION

1. I agree to abide by the statutes and regulations of Universiti Kebangsaan Malaysia (UKM).
2. I declare that the information presented in this application and the accompanying documentation is true, correct and complete. I acknowledge that UKM may terminate my enrolment if false information has been supplied.
3. I authorise UKM to release information regarding my application to the Immigration Department of Malaysia and other agencies where UKM considers the information relevant to my immigration status.
4. I am aware of the costs associated with the UKM Short Term Mobility Programme and I have the necessary financial capacity to meet such costs for the duration of my participation in the programme. I understand that if I am unable to meet the costs, UKM will not be expected to help me.
5. I understand it is my responsibility to arrange and pay for my international flights, visa and insurance prior to my arrival in Malaysia.
6. I declare that I am free from any diseases. In the event I should be diagnose with any medical conditions, I will bear any and all costs directly and indirectly related to the medical management of my medical conditions.
7. I understand that I must enrol in and complete the UKM Short Term Mobility Programme. I can only withdraw from this programme with the written approval by Director of UKM Global.

Date:

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Signature

APPLICATION CHECKLIST

- Completed all sections in this application form
- Recommendation letter from home university
- Health Declaration form
- Copy of academic transcript
- Copy of passport

Please return completed form to:
International Relations Centre (UKM Global)
Universiti Kebangsaan Malaysia
Email: gsmp@ukm.edu.my

HEALTH DECLARATION FORM UKM SHORT TERM MOBILITY PROGRAMME

I hereby declare that I am **FREE** from the following diseases/conditions:

ITEMS	SELF		IF NO, PLEASE SPECIFY
	YES	NO	
Tuberculosis			IF YOU HAVE SOUGHT CONSULTATION FOR ANY OF THE LISTED DISEASES / CONDITION, YOU ARE REQUIRED TO SUBMIT YOUR MEDICAL HISTORY / REPORT FROM YOUR TREATING PHYSICIAN TO UNIVERSITI KEBANGSAAN MALAYSIA (UKM).
Hepatitis B			
Hepatitis C			
HIV			
Drug use/abuse of:			
1. Opiates			
2. Cannabinoids			
3. Amphetamine			
4. Methamphetamine			
Sexually Transmitted Diseases			
Congenital or Inherited Disorder			
Cancer			
Epilepsy			
Psychiatric Illness			
Chronic Allergies:			
1. Food			
2. Insects bite			
3. Dust			
Asthma			
Migraine			
Gastritis			
Other illness			

I declare that I am free from any diseases. In the event I should be diagnose with any medical conditions, I will bear any and all costs directly and indirectly related to the medical management of my medical conditions.

I confirm that Universiti Kebangsaan Malaysia (UKM) will not be responsible in any manner or whatsoever, arising out of my medical condition as described above.

.....
Date (dd/mm/yyyy)

.....
Name of applicant as indicated in the passport

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Signature

.....
Passport Number