

Instructions:

- Answer all questions.
- All supported document (certified) must be submitted together with this application. Incomplete application WILL NOT be process.
- Please send through your Faculty to:

Chancellery and International Relations Office
Universiti Malaysia Sarawak
3rd Floor, Chancellery Building,
94300, Kota Samarahan,
Sarawak, Malaysia.
Tel: +6082-58 2792 / +6082-58 1918
Fax: +6082-66 5088
Email: rivy@unimas.my

A. PERSONAL INFORMATION			
Name			
Age		National ID No. / My Kad	
Date of Birth		Passport No.	
Place of Birth		Religion	
Gender		Nationality	
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married:	<input type="checkbox"/> No. of Dependent (s) (if married):
Corresponding Address			
Tel. No (Mobile)		Email	
Emergency Contact	Name		
	Relationship		Tel. No. (O/H/Mobile)

B. CURRENT STUDY PROGRAMME IN UNIMAS			
Matric No.		Year of Study / Semester	
Faculty / Centre / Institute		Date of Admission	
Name of Programme		English Proficiency Result	
Sponsor (if any)		(MUET / IELT / TOEFL)	

C. FAMILY BACKGROUND			
Father's Name		Mother's Name	
Occupation		Occupation	
Salary (Monthly)		Salary (Monthly)	
No. of Dependents			

D. EDUCATION BACKGROUND (include only the most recent)			
Date	University / College / School Attended	Examinations	Grade Achieved

E. EXTRA CURRICULAR ACTIVITIES (State the most important / recent)		
Note: If the space insufficient, please attach annexure (a). Any such annexure (s) should be identified as such signed by the applicant.		
Club / Society / Sport / Games / Others	Level of Representation (University)	Post Held

F. IN ABOUT 100 WORDS, WRITE WHY YOU ARE INTERESTED TO JOIN THIS PROGRAMME

Empty box for writing reasons for interest in the program.

G. PROPOSED STUDY PLAN AND COURSES AT HOST INSTITUTIONS

Name of University:

Partner University Non Partner University

Study Duration: One Semester (6 months) Two Semester (1 year) Elective (Medical / Nursing)

Industrial Training Attachment Other (specify) _____

Commencement: February September Other (specify) _____

Year:

Intended courses (if applicable):
(List at least four courses in preferential order. Check that the course available in your preferred semester.)
REMINDER: Minimum 12 credit hours

Courses to be taken at Host Institution			Courses equivalence in UNIMAS			
Code	Name	Credit	Code	Name	Credit	Course Status

H. COURSE EQUIVALENCE VERIFICATION BY FACULTY PROGRAMME COORDINATOR

Name: _____ Date: _____

Signature: _____

Official Stamp

I. FUNDING FOR THE PROGRAMME

I am provided funding for the programme: NO YES, I am funded by _____

The funding covers (e.g. fee, accommodation) _____

J. CONSIDERATION FOR TABUNG MOBILITI PELAJAR UNIMAS

I would like to be considered for Tabung Mobiliti Pelajar UNIMAS: YES NO

K. STATEMENT BY APPLICANT

I confirm that the information given by me in this application is true and correct.

Signature: _____

Date: _____

L. FOR FACULTY USE ONLY

Comments:

Supported: Yes No Remarks (if any): _____

Name: _____

Date: _____

Signature: _____

Official Stamp

M. FOR CHANCELLERY AND INTERNATIONAL RELATIONS OFFICE USE ONLY (DECISION BY VICE CHANCELLOR)

Approved by VICE CHANCELLOR **with** financial assistance allowance

Approve by VICE CHANCELLOR **without** financial assistance allowance

Not approved by VICE CHANCELLOR

Comments:

Director's Signature: _____

Date: _____

Official Stamp

IMPORTANT

Please attach certified copies of academic certificates and other relevant documents.