

☐

PARTNER UNIVERSITY/INSTITUTION

Name of University/Institution: _____

Instructions:

- All certified supporting documents must be submitted together with this application.
- Please send your application by mail or email through your home university/institution to:

UNIMAS Global
Universiti Malaysia Sarawak
Ground Floor, University House
94300, Kota Samarahan
Sarawak Malaysia
Email: mobility_app@unimas.my

A. PERSONAL INFORMATION					
Given Name				Date of Birth	
Surname				Marital Status	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Occupation		
Country of Birth				Citizenship	
Passport No.				Expiry Date	
Mailing Address					
Zip Code		State		Country	
Phone No		Email			

B. ACADEMIC PARTICULARS					
Name of Current University					
Address of Current University					
	Zip Code		State		Country
Current Degree Programme					
Area of Study					
Level of Study					
Year of Study	1 st <input type="checkbox"/>	2 nd <input type="checkbox"/>	3 rd <input type="checkbox"/>	4 th <input type="checkbox"/>	Others <input type="checkbox"/>

Academic Transcript:

Please provide an up-to-date certified copy of Academic Transcript showing all the subjects attempted, grades (including failures) and an explanation of the grading system. Applicants who submit transcripts in a language other than English must provide an officially certified translation.

C. PROPOSED PROGRAMME			
Programme of Study	Student Exchange <input type="checkbox"/>	Short-Term Programme (with Credit) <input type="checkbox"/>	
	Short-Term Programme (without Credit) <input type="checkbox"/>	Internship <input type="checkbox"/>	
	Others (Please specify)		
Proposed Commencement			
Duration of Study	<input type="checkbox"/> 1 Semester	<input type="checkbox"/> 2 Semester	Others (Specify) <input type="checkbox"/>
Accommodation Preference	<input type="checkbox"/> University Residential (sharing) <input type="checkbox"/> Non-University Residential		

If possible, please list at least 4 courses. Please refer to UNIMAS website (www.unimas.my) for information on academic programmes or contact UNIMAS Global.

Code/Course Name	

D. ENGLISH PROFICIENCY

a. Is English your main or first language?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Is English your current medium of academic instructions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no to a & b , please indicate any English language proficiency test you have taken and the result.	<input type="checkbox"/> IELTS Band: <input type="checkbox"/> TOEFL Score: Others, please specify _____ Result:	

E. DECLARATION

I declare that the information given in this application is correct and complete.

Applicant's Signature	
Date	

F. HOME INSTITUTION APPROVAL

Approved for Exchange/Mobility Programme

Name of Officer in Charge	
Signature of Officer in Charge	
Date	

G. FOR UNIMAS OFFICE USE ONLY

Faculty Dean's Comment:		
Dean's Signature		Official Stamp
Date		

UG Director's Comment:		
Director's Signature		Official Stamp
Date		