UNIMAS GLOBAL
UNIVERSITI MALAYSIA SARAWAK

Application for Mobility Programme (Outbound)
(Exchange/Industrial Training/Internship/Elective/Attachment/Short Study/Volunteerism)

Instructions:
- Complete the form with required information.
- All supporting documents must be submitted together with this application. Incomplete application WILL NOT be processed.
- Please send through your faculty to:

> **International Relations Office**
> **Universiti Malaysia Sarawak**
> **Ground Floor, University House,**
> **94300, Kota Samarahan,**
> **Sarawak, Malaysia.**
> **Email: mobility_app@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	☐ Single	☐ Married:	☐ 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 (MUET / IELTS/ TOEFL)	
CGPA (current)			
Sponsor (if any)			

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 PROGGRAME

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 8 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) [_____]

Have participated in the Mobility Program before ☐ NO ☐ YES, Date & State the programme _____

_____

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

Comment:

Supported: ☐ Yes ☐ No ☐ Remarks (if any): _____

Name: _____   Date: _____

Signature: _____

Official Stamp

M. FOR 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

Comment:

Signature: _____

Date: _____

Official Stamp

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