

	SOKONGAN PENGURUSAN PELAJAR DAN STAF ANTARABANGSA PUTRA INTERNATIONAL CENTRE (PUSAT ANTARABANGSA) Kod Dokumen: SOK/INT/BR01/INBOUND
	APPLICATION FOR STUDY IN UPM (INBOUND)

(ALL ITEMS MUST BE FILLED)

A. APPLICANT / PARTICIPANT PERSONAL DETAILS (COMPULSARY)

Name (Mr./Mrs./Miss)				Please stick passport sized picture here
Date of Birth		Age		
Place of Birth		Race		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single
Citizenship/ Nationality			Religion	
Passport Number			Mobile Number	
E-mail address				
Next of kin			Contact number	
Home address				
State & Country			Postcode	

B. EDUCATION AT HOME UNIVERSITY (COMPULSARY)

Current Home University (name & full address)			
Phone number		Fax number	
E-mail address			University web site
Faculty which applicant is attached to at home university			
Degree Programme			
Degree Level	<input type="checkbox"/> Diploma	<input type="checkbox"/> Bachelor	Current semester
	<input type="checkbox"/> Master	<input type="checkbox"/> PhD	
Current result (CGPA)			Expected year of graduation

C. STUDY IN UPM (COMPULSARY)

Type of Mobility	<input type="checkbox"/> Exchange Programme (1 or 2 semester with credit transfer) <input type="checkbox"/> Short Mobility <input type="checkbox"/> Internship Programme <input type="checkbox"/> Research attachment <input type="checkbox"/> ASEAN International Mobility for Students (AIMS) Programme <input type="checkbox"/> ASEAN University Network (AUN) Programme <input type="checkbox"/> MEVLANA Exchange Protocol <input type="checkbox"/> University Mobility in Asia and the Pacific (UMAP) Programme <input type="checkbox"/> Others, please specify _____
Faculty / Institute applied in UPM	
Does this university have MoU with UPM?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Period of study (in UPM)	Commencing _____ to _____
Please specify your research project (if applicable)	
Transfer of credits required (Please fill in the Transfer of Credit Between Institution – Inbound Form)	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. LANGUAGE

Native Language																													
Language proficiency	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">English</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 33%;">Proficient</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;">Moderate</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;">Weak</td> </tr> <tr> <td>Malay</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Proficient</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Moderate</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Weak</td> </tr> <tr> <td>Others (specify)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Proficient</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Moderate</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Weak</td> </tr> <tr> <td colspan="7">_____</td> </tr> </table>	English	<input type="checkbox"/>	Proficient	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Weak	Malay	<input type="checkbox"/>	Proficient	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Weak	Others (specify)	<input type="checkbox"/>	Proficient	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Weak	_____						
English	<input type="checkbox"/>	Proficient	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Weak																							
Malay	<input type="checkbox"/>	Proficient	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Weak																							
Others (specify)	<input type="checkbox"/>	Proficient	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Weak																							

English Language Certificate or equivalent (please attach the document on your application)	<input type="checkbox"/> IELTS <input type="checkbox"/> TOEFL <input type="checkbox"/> Others (specify) _____																												

E. INTER-OFFICE COMMUNICATION (COMPULSARY)

Please include the contact person from the **home university** (international affairs officer/student exchange coordinator) who is responsible for correspondence.

Name (Mr. / Miss / Mrs.)			
Position			
Office/Department			
Correspondence address			
Phone number		Fax number	
E-mail address			
Signature & Stamp			

I hereby declare that the information provided in this form is true.

Signature : _____ Date: _____

Name : _____

NOTE:

- * ***Incomplete application form will not be processed***
- ** ***Please submit copy of Academic Transcript, 2 current blue colored photographs (passport size) and a copy of your passport (front page only)***