



STUDENT ABROAD APPLICATION FORM

(to be filled by student)

Note: (*) must be filled

1. PERSONAL INFORMATION

Name*:	Mr./Mrs./Ms.	Affix Passport Sized Photo Here (35mm x 50mm)
Date of Birth:		
Country of Birth:		
Permanent Address*:		
Address for Correspondence (if different)		
Telephone No.:		
Email Address:		Student ID:

EMERGENCY CONTACT PERSON / NEXT OF KIN

Name*:	Mr./Mrs./Ms.	
Address*:		
Telephone No.:		
Email Address:		
Relationship:		

2. ACADEMIC BACKGROUND

Level of study:	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> BACHELOR <input type="checkbox"/> MASTERS <input type="checkbox"/> PhD Others (Please state): _____	
Name of Programme:		Programme code:

Year of study:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6		
Semester:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

3. TYPES OF PROGRAMME			
Exchange <input type="checkbox"/>	Internship <input type="checkbox"/>	Research Attachment <input type="checkbox"/>	Others (Please state): _____

4. NAME OF HOST UNIVERSITY / COMPANY / AGENCY				
No.	University / Company / Agency	Country	Duration (weeks)	Length of Stay
				From: Day Month Year
				Until: Day Month Year

Fill in Section 5 if you are going for an exchange programme.

5. DETAILED INFORMATION OF EQUIVALENCE COURSES OFFERED BY THE HOST UNIVERSITY					
COURSE OFFERED BY HOST UNIVERSITY			COURSE OFFERED BY HOME UNIVERSITY		
Course Code	Course Name	Credit Hour	Course Code	Course Name	Credit Hour

Fill in Section 6 if you are going for other than an exchange programme.

6. AREA OF SPECIALIZATION

7. ENGLISH LANGUAGE PROFICIENCY				
Malaysia University: English Test (MUET) or equivalent	<input type="checkbox"/> Band 6	<input type="checkbox"/> Band 5	<input type="checkbox"/> Band 4	<input type="checkbox"/> Band 3

8. FINANCIAL SUPPORT		
If you received sponsorship / financial support for your current study from any agency or education body, please provide us the following details:		
Name of Sponsoring Body:	<input type="checkbox"/> JPA <input type="checkbox"/> MARA <input type="checkbox"/> PTPTN <input type="checkbox"/> OTHERS (please state): _____	
Bank Information: (if applying for Mobility Fund)	Account No.:	Name of Bank

9. STUDENT DECLARATION	
I declare that all information provided by me in this application form is true and attached herewith are the documents required in support of the information provided. I acknowledge that Universiti Teknologi MARA (UiTM) reserves the right to accept or reject any decision regarding admission or enrolment made based on incorrect information.	
Signature:	Date:
Name:	

10. VALIDATION AND RECOMMENDATION BY THE FACULTY (must be stamped by Faculty)			
I confirm that this student has gone through the appropriate institutional selection procedures and hereby confirm that the student is qualified to participate in the programme.			
Signature:	Faculty stamp and Date:		
Name:			
Position (Dean / Deputy Dean of Academic Affairs:			
Telephone No.:		Fax No.:	
Email Address:			

11. APPLICATION CHECKLIST

- Application Form
 English Language Certificate (or equivalent)
 Academic Transcript
 Application Form (of Partner University) **OR** Letter of Offer from Partner University
 Program brochure if applicable

Please return all the required documents by email to:

**OFFICE OF INTERNATIONAL AFFAIRS(OIA) UNIVERSITI
TEKNOLOGI MARA (UiTM)**

**Jalan Graduan 1/23b, Persiaran Lingua, 40450 Shah
Alam, Selangor,
MALAYSIA**

Email: isd.oia@uitm.edu.my

Tel.: (+603) 5544 2014, Fax: (+603) 55442042

Note: Incomplete application will not be processed.

FOR OFFICE USE ONLY**INTERNATIONAL OFFICE**

Application Acceptance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
System Code:	PROGRAMME TYPE <input type="checkbox"/> Exchange <input type="checkbox"/> Research Attachment <input type="checkbox"/> Internship <input type="checkbox"/> MoU / MoA <input type="checkbox"/> Other: _____	
Name of officer received:		Stamp:
Signature:		
Remark(s):	(e.g Total credits transfer, Student File)	