APPLICATION FOR STUDENT EXCHANGE PROGRAMME (*OUTGOING*)

A.	PERSONAL DETAIL

1. Name : _____

2. Age : _____

3. National ID No. : _____

4. Passport No. : _____

5. Date of Birth: : _____

6. Place of Birth: : _____

7. Race : _____

8. Gender : _____

9. Nationality : _____

10. Marital Status : ☐ Single ☐ Married

    No. of Dependents (if married):_____

11. Correspondence Address : _____

    _____

    Tel No. (Mobile) : _____

    Email : _____

12. **Emergency Contact**

    Name : _____

    Relationship : _____

    Tel No. (O / H / Mobile) : _____

B. CURRENT STUDY PROGRAME

1. Matric No : _____

2. Faculty/Centre/Institute : _____

3. Name of Programme : _____

4. Year of Study / Semester : _____

5. Date of Admission : _____

6. Sponsor (if any) : _____

7. English Proficiency Result :
   (MUET/IELTS/TOEFL)   _____

C. FAMILY BACKGROUND

Father's Name	:	Mother's Name	:
Occupation	:	Occupation	:
Salary (monthly)	:	Salary (monthly)	:
No. of Dependents	:		

D. EDUCATIONAL BACKGROUND (include only the most recent)

Date	University / College / School Attended	Examinations	Grade Achieved

Note: If space is insufficient to provide details, please attach annexure (a). Any such annexure (s) should be identified as such signed by the applicant.

E.   EXTRA CURRICULAR ACTIVITIES (State the most important / recent)

Sport / Games	Level of Representation (University / College / School)

Club / Society	Level of Representation (University / College / School)	Post Held

Others	Level of Representation (University / College / School)

F.   In about 100 words, write why you are interested to join this programme.

G. PROPOSED STUDY PLAN AND COURSES

Name of University

Study duration:
- ☐ One semester (6 months)
- ☐ Two semesters (1 year)
- ☐ Other (specify)_____

Commencement: ☐ February/March ☐ July / Sep ☐ Other (specify)_____

Year:

Intended courses:
(List at least four courses in preferential order. Check that the course is available in your preferred semester.)

Courses to be taken at Host University			Courses Equivalence in UNIMAS			
Code	Name	Credit	Code	Name	Credit	Status

H. STATEMENT BY APPLICANT

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

Signature : _____   Date : _____

I. FOR FACULTY USE ONLY

Support   : [   ]   Not Support : [   ]   Others : [   ]

Comment:

Signature   : _____   Date   : _____

Name / Stamp   _____

J. FOR IAD USE ONLY

Application Result:

Approve   : [   ]   Reject : [   ]   Others   : [   ]

Selection Committee Comment:

_____

_____

_____

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