



KEMENTERIAN PENDIDIKAN TINGGI

# AIMS MOBILITY PROGRAMME (INBOUND APPLICATION FORM)

**Note:** (\*) must be filled.

## 1. PERSONAL INFORMATION

Name *:	Mr./Mrs./Ms.			Affix Passport Sized Photo here ( <b>White          Background</b> ) 35 mm x 50mm
Date of Birth:				
Country of Birth:				
Nationality:				
Address for correspondence*:				
Tel. No. (Home) *:		Tel. No. (Mobile) *:		
Email Address*:				

## PASSPORT INFORMATION

Passport Number:		Issue Date:	
Country of Issue:		Expiry Date:	
Nationality:			

## EMERGENCY CONTACT PERSON

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

**2. ACADEMIC BACKGROUND**

Home University:	
Programme:	
Current Semester:	
Year:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Others: .....
Area of Specialisation: (Applicable for research application)	
Interest:	<input type="checkbox"/> Sports <input type="checkbox"/> Cultural <input type="checkbox"/> Language <input type="checkbox"/> Martial Arts <input type="checkbox"/> Others: ..... * You can tick more than one

**PROFICIENCY IN ENGLISH LANGUAGE**

Evidence of language proficiency:	<input type="checkbox"/> TOEFL (actual score.....) or <input type="checkbox"/> IELTS (actual score.....) or <input type="checkbox"/> TOIEC (actual score.....) or <input type="checkbox"/> A letter from home institution indicating good English proficiency or <input type="checkbox"/> Others (please state.....)
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**3. PROPOSED STUDY PERIOD AT HOST UNIVERSITY**

Duration:	<b>From:</b> Day ..... Month ..... Year ..... <b>Until:</b> Day ..... Month ..... Year .....
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#### 4. PROGRAM APPLIED AT THE HOST UNIVERSITY

##### TYPES OF MOBILITY PROGRAM

- Student Exchange  
 Research Attachment  
 Internship

Please consult your Faculty/International Office for the list of courses/subjects offered by host university

Course Offered by Host University			
No.	Course Name	Course Code	Credit

#### 5. STUDENT DECLARATION

I declare that all the 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 the **UNIVERSITI TEKNOLOGI MARA (UiTM)** reserves the right to accept or reject any decision regarding admission or enrolment made on the basis of incorrect information.

Signature:

Date:

Name:

## 6. APPLICATION CHECKLIST

- Application Form (AIMS Programme)
- Academic Certificates / Transcript
- Proof of English Language proficiency
- Front page of passport
- Student Reference Letter (Home University)
- Research Proposal (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@salam.uitm.edu.my](mailto:isd.oia@salam.uitm.edu.my)

Tel : (+603) 5544 2014, 2190

Fax : (+603) 5544 2042

**NOTE:** *Incomplete application form will not be processed.*

## 7. VALIDATION BY THE INTERNATIONAL OFFICE (HOME UNIVERSITY)

I confirm that this student has gone through the appropriate institutional selection procedures and is recommended for AIMS Programme at Universiti Teknologi MARA (UiTM). I hereby confirm the student is qualified to participate in the programme.

Signature:		Date:	
Name:		Official Stamp:	
Position:			
Telephone No:		Fax No:	
Email Address:			

**FOR OFFICE USE ONLY (HOST UNIVERSITY)**

**INTERNATIONAL OFFICE**

Application accepted :  Yes  No

Approval:

Signature:

Official Stamp:

Date:

**FACULTY**

Application accepted :  Yes  No

Duration :

Programme :

Approval:

Signature:

Official Stamp:

Date: