

SUMMER PROGRAMME OUTBOUND APPLICATION FORM

(to be filled by student)

Note: (*) must be filled. 1. PERSONAL INFORMA	ATION			
Name*:	Mr./Mrs./Ms.			
Date of Birth:		Affix Passport Sized Photo here (35 mm x 50 mm)		
Country of Birth:				
Permanent Address*:				
Address for correspondence (If different):				
Telephone No:				
Email Address:				
EMERGENCY CONTACT F	PERSON			
Name:	Mr./Mrs./Ms.			
Address:				
Telephone No:				
Email Address:				
Relationship:				
2. ACADEMIC BACKGRO	UND			
Degree:				
Programme:				

Year: Others:							
ENGLISH LANGUAGE PROFICIENCY							
Malaysian University English Test (MUET):		☐ Band 6	☐ Ba	nd 5	☐ Band 4	☐ Band 3	
3. CF	IOICE OF UNIVERSI	ITY		T			
No.	University	Country	Duration	Length o			
					ay Month		
				Until: Da	ay Month	Year	
4. D	ETAILED INFORMA	TION OF SUMMER F	PROGRAMME				
İ							
5. PL	EASE DESCRIBE WI	HY WOULD YOU LIK	KE TO PARTICIPA	TE IN THIS	PROGRAMME		
5. PLEASE DESCRIBE WHY WOULD YOU LIKE TO PARTICIPATE IN THIS PROGRAMME							
(Not more than 100 words):							

6. FINANCIAL SUPPORT					
If you receive sponsorship/financial support for your current study from any agency or education body, please provide us the following details:					
Name of Sponsoring Body:	☐ JPA ☐ MARA ☐ PTPTN ☐ OTHERS				
Bank Information:	Account No:	Name of I	Bank:		
7. STUDENT DECLARATION	ON				
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:					
8. VALIDATION AND REC	COMMENDATION BY THE FACULTY				
I confirm that this student has gone through the appropriate institutional selection procedures and is recommended for Student Mobility Programme at the host university . I hereby confirm the student is qualified to participate in the programme.					
Signature:	Date:				
Name:					
Position:					
Telephone No:		Fax No:			
Email Address:			1		

9. APPLICATION CHECKLIST					
Application Form Approval Letter (From Faculty) English Language Certificate Academic Transcript Application Form (Partner University) 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 Tel : (+603) 5544 2014, 2190 Fax: (+603) 5544 2042 NOTE: Incomplete application form will not be processed.					
FOR OFFICE USE ONLY					
INTERNATIONAL OFFICE					
Application Accepted :	☐ Yes ☐ No				
Approval:	Signature: Date:	Stamp:			
FACULTY					
Application Accepted :	☐ Yes ☐ No				
Duration :					
Programme :					
Partner University:					
Approval to Study Abroad:					
Approval:	Signature: Date:	Stamp:			