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| **utm international** | Block S19, Universiti Teknologi Malaysia  81310 UTM Johor Bahru, Johor, Malaysia  Tel : +607-553 6845/ +607-55 6843  Fax : +607-553 6847  Email : [globaleducation@utm.my](mailto:globaleducation@utm.my)  Website : [www.utm.my/international](http://www.utm.my/international) | Affix recent passport sized photograph |

**APPLICATION FOR STUDY ABROAD/ STUDENT EXCHANGE PROGRAM**

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| **Checklist :**   |  |  | | --- | --- | |  | *Resume* | |  | *Cover Letter by faculty (Supporting letter)* | |  | *1 color passport sized photograph (affix in front of application form)* | |  | *Latest Result Slip* | |  | *Copy of IC/ Passport* | |  | *Copy of bank account (passbook or bank slip)* | |  | *Acceptance letter (not applicable for program promoted by UTM International)* | |  | *Sponsored Letter (if any)* | |  | *Parental/ Guardian Consent Letter* |   ***Note: Handwritten is permissible only for section F,G and H.*** | |
| 1. **TYPE OF PROGRAM *(Tick () either one)*** | |
| Study Abroad/  Student Exchange | Study at university abroad for one or two (maximum) semester (s) and take courses in regular semester with credit transfer opportunity |
| Internship /Research Attachment/ Scientific Visit | Join research study or internship under the supervision of an academic staff at universities or industries abroad |

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| 1. **APPLICANT DETAILS** | | |
| Name: | | Religion : |
| Matric. No : | | Citizenship : |
| IC Number / Passport Number : | | Email : |
| Date of Birth : | | Contact Number : |
| Race : | | Home Address : |
| Next of Kin : | | Emergency Contact : |
| 1. **EDUCATION & CO-CURICULUM** | | |
| Faculty : | | Current Semester/ Full Semester :  *(i.e : 4/8 semesters)* |
| Field of Study : | | Expected Graduation Year : |
| Program : | | Current Result (CGPA) : |
| Co-curriculum activities : |  | |
| Special activities : |  | |
| Achievement (Academic & Co-curriculum) |  | |
| Special Skills/ Soft Skills : |  | |

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| 1. **MOBILITY PROGRAM INFORMATION** | | |
| Name of Program (please specify if any) : | Program Date :  Commencing from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Host University/ Institution : | Country : | |
| * List of Courses (equivalent for credit transfer)  |  |  |  |  | | --- | --- | --- | --- | | **UTM** | | **Host University** | | | Subject | Credit | Subject | Credit | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   *Note: Please insert row for more courses (if necessary)*  *Course Approval by faculty :*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Name:*  *Designation:*   * Research Topic/ Research field (for internship/ research attachment) :  |  | | --- | |  | |  | | | |
| Study Plan (Describe your study plan and activities at university abroad) :   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | |
| 1. **FINANCIAL** | | |
| * How would you intend to finance your program? | |  |  | | --- | --- | |  | Self-sponsored | |  | Home Institution | |  | Sponsor | | |
| * If your exchange is under the sponsorship/aid/programme of certain bodies, institutions and association, Please specify details of sponsorships:  |  | | --- | |  | |  |   Costing :   |  |  |  |  | | --- | --- | --- | --- | | **No.** | **Item** | **Expenditure** | **Total** | | 1. | Program fee/ Registration fee (if any) |  |  | | 2. | Transportation |  |  | | 3. | Accommodation |  |  | | 4. | Meal |  |  | | 5. | Others |  |  | | 6. | Contingency |  |  | | **Grand Total** | | |  | | | |
| 1. **ACADEMIC ADVISOR/ SUPERVSIOR** | | |
| Name of Academic Advisor/ Supervisor: |  | |
| Email : | Phone Number : | |
| Recommendation (brief on students personal appearance, background to support the application):   |  | | --- | |  | |  | |  | |  | |  | |  | | | |
| Signature :  Date : | Designation Stamp : | |
| 1. **HOME FACULTY APPROVAL (CHAIR/ASSOCIATE CHAIR)** | | |
| **Approved/ Disapproved**  Comments :   |  | | --- | |  | |  | |  | | | |
| Signature :  Date: | | Designation Stamp : |
| **H. APPLICANT DECLARATION** | | |
| ***I hereby declare that the information provided in this form is true. I acknowledge that Universiti Teknologi Malaysia reserves the right to vary or reserve any decision regarding admission or enrollment made on the basis of the given information.*** | | |
| Applicant’s signature :  Date : | | Name : |

**LAMPIRAN**

**SURAT KEBENARAN IBU / BAPA / PENJAGA PELAJAR**

***(Borang ini MESTI disertakan bagi peserta berumur 21 tahun kebawah sahaja)***

Pro-Naib Canselor (Antarabangsa)  
UTM International

UTM, Johor Bahru

Adalah saya : No. K/P:

Ibu /bapa /penjaga mahasiswa bernama yang menuntut di Universiti Teknologi Malaysia (UTM) di tahun/kursus :

dengan ini memberi kebenaran kepada anak jagaan saya untuk turut serta dalam aktiviti :

bertempat di : pada tarikh dan hari:

Saya faham bahawa pihak universiti akan mengambil langkah-langkah keselamatan yang sewajarnya. Dengan ini saya memberi pengakuan bahawa saya tidak akan membuat apa-apa tuntutan atau mengambil apa-apa tindakan undang-undang / mahkamah terhadap pihak universiti ataupun sesiapa yang ada kaitan dengan program / aktiviti ini atas apa-apa kemalangan, kecacatan, kematian dan sebarang kecederaan terhadap anak jagaan saya semasa dan sepanjang program ini berjalan.

Saya dengan ini memberi kebenaran kepada pihak universiti atau wakilnya memberi apa-apa rawatan atau pertolongan cemas kepada anak jagaan saya jika didapati perlu.

**Yang Benar, Disahkan oleh,**

Tandatangan dan cop rasmi

Pro-Naib Canselor (Antarabangsa),   
UTM International

Tandatangan ibu / bapa / penjaga pelajar

Nama :

Tarikh :

***Saya mengesahkan bahawa maklumat pada borang ini adalah benar dan saya telah mendapatkan kebenaran ibu/ bapa/ penjaga saya untuk menyertai program diatas.***

*Tandatangan pemohon/ pelajar*

*\* Sila kembalikan surat kebenaran ini ke Pejabat UTM International beserta borang permohonan*