

CENTRE FOR INTERNATIONAL AFFAIRS AND COOPERATION (CIAC)

STUDENT EXCHANGE PROGRAM APPLICATION FORM (Inbound)

This application is for students who are applying to the Universiti Utara Malaysia as part of a specific exchange agreement between the Universiti Utara Malaysia and a partner institution. Application will not be assessed without the signed endorsement of the partner institutions International Office.

Please attach a passport size photo here

	Personal Details			
Full Name:	Date of Birth:	/ /		
		dd / mmm / yyyy		
Address:	dung Angutung til Leit #			
Street Au	dress Apartment/Unit #			
City	State	ZIP Code		
Phone No.: () Handphone No.: _() E-mail Address:			
Sex: Male	Female ionality: Passport No.:			
Passport Expiry Date	: Place of Issue:			
	Academic Details			
Name of University:				
Name of Current Deg	gree: Major Field of Study:			
Degree start date: (dd/mmm/yyyy)	/ / Current Semester:			
Expected Degree Cor (dd/mmm/yyyy)	npletion date:/ / Current CGPA:			
	Commencement Details			
Year: Starting Semester:	1 semester (September) 2 nd Semester (February)	2 semesters		
	English Proficiency			
Please indicate below	your current English proficiency and attach certified copies of your test results if requi	red.		
First language is Eng IELTS Overall Band Score:	lish: Yes No If NO, provide the results from one of the tests TOEFL Score and Type of Test:	e following English		
Other English Profic	iency test accepted by partner University.			
Other Documents A copy of your English proficiency test (if applicable) Passport size photograph A copy of the information page of your passport				
) F F F F		
Course Registration				
Year:	Semester 1 (September - January)			
Course Code	Course Name	Unit/Credit Hours		

Year:		Semester 2 (February - August)	

	rect, and I understand that admission to Universiti Utara Malaysia as an be awarded a qualification from the Universiti Utara Malaysia.			
	and I will return back to my home university after completing my exchange stand that I am subject to all the rules and regulations at host University			
Signature:	Date:			
This application is to be a	approved and submitted by your International Office			
This application is submitted by the University	7's registered students.			
Name of International Office officer:	Position:			
Signature:	Date:			
This applie	cation must be completed and sent to:			
Universiti Utara Malaysia Offshore Office (China) Add: 413,Qinglan Plaza, No.24 Dongsishitiao Dongcheng Dist., Beijing, P.R.China Tel: 86 10 51650127 64035227 Fax: 86 10 64032524 Email:prchina@uum.edu.my www. uum.edu.my				