



International Centre,
 Universiti Malaysia Terengganu,
 21030 Kuala Nerus, Malaysia
 Tel : +609-668 5183
 Fax : +609-668 5111 / +609-668 7418
 Email : ic@umt.edu.my
 Website : ic.umt.edu.my

Recent
 passport
 sized photo

APPLICATION FOR ACADEMIC MOBILITY PROGRAM FOR UNDERGRADUATE AT UMT

A. APPLICANT DETAILS	
Name:	Sex:
Matric. No :	Nationality:
Citizen ID (Malaysia) :	Passport Number (Not Malaysian) :
Expire Date (Passport) : (dd/mm/yyyy)	Email :
Date of Birth :	Contact Number :
Race :	Contact Address :
	Tel :
Contact Person (In case of emergencies)	Address : City : Tel : Relationship :
B. EDUCATION (HOME & HOST UNIVERSITY INFORMATION)	
Home University Name :	Current Semester: Year of study :
School/Department :	Faculty :
Field of Study :	Expected Graduation Year :
Program :	Current Result (CGPA) :
Address :	Country :
Website :	
Host University Information :	UNIVERSITI MALAYSIA TERENGGANU
School :	



International Centre,
 Universiti Malaysia Terengganu,
 21030 Kuala Nerus, Malaysia
 Tel : +609-668 5183
 Fax : +609-668 5111 / +609-668 7418
 Email : ic@umt.edu.my
 Website : ic.umt.edu.my

C. MOBILITY PROGRAM INFORMATION

Name of Program : ASEAN International Mobility For Students (AIMS)	Program Date : Commencing from _____ to _____
--	--

Country :	
-----------	--

▪ List of Courses (equivalent for credit transfer)

UMT		Host University	
Subject	Credit	Subject	Credit

Note: Please insert row for more courses (if necessary)

Course Approval by school :

Name:

Designation:

Study Plan (Describe your study plan and activities at University Malaysia Terengganu) :



International Centre,
 Universiti Malaysia Terengganu,
 21030 Kuala Nerus, Malaysia
 Tel : +609-668 5183
 Fax : +609-668 5111 / +609-668 7418
 Email : ic@umt.edu.my
 Website : ic.umt.edu.my

LANGUAGE: Is English your mother tongue? Yes No

(Applicant whose mother tongue is not English are required to submit reference of English language)

ENGLISH PROFICIENCY : Written excellent good fair poor
 Spoken excellent good fair poor

CERTIFICATE OF ENGLISH PROFICIENCY : IELTS TOEFL Other _____

Certificate of English test or reference of English language

is attached

will be sent by (mm/yyyy) _____

D. SCHOOL'S PERSON-IN-CHARGE (HOST UNIVERSITY)

Name of School's Person-In-Charge:

Email :

Phone Number :

Signature :

Designation Stamp :

Date :

E. EMERGENCY CONTACTS

	Contact 1	Contact 2
Name		
Relationship		
Address		
Email Address		
Home Telephone Number		
Mobile Number		
Fax		



International Centre,
Universiti Malaysia Terengganu,
21030 Kuala Nerus, Malaysia
Tel : +609-668 5183
Fax : +609-668 5111 / +609-668 7418
Email : ic@umt.edu.my
Website : ic.umt.edu.my

F. DEAN/ DEPUTY DEAN APPROVAL

Approved/ Disapproved

Comments :

Signature :

Date:

Designation Stamp :

H. APPLICANT'S DECLARATION

I hereby declare that the information provided in this form is true. I acknowledge that Universiti Malaysia Terengganu reserves the right to vary or reserve any decision regarding admission or enrollment made on the basis of the given information.

Applicant's signature :

Name :

Date :



International Centre,
Universiti Malaysia Terengganu,
21030 Kuala Nerus, Malaysia
Tel : +609-668 5183
Fax : +609-668 5111 / +609-668 7418
Email : ic@umt.edu.my
Website : ic.umt.edu.my

I. HOST & HOME UNIVERSITY APPROVAL

We confirm that the proposed programme of study is approved:

Home Institution Supervisor	Host Institution Supervisor
Name:	Name:
Position:	Position:
Signature	Signature
Official stamp	Official stamp
Date	Date

For any further information, please contact:

International Centre, Universiti Malaysia Terengganu
Level 1, Kompleks Siswa Building
Universiti Malaysia Terengganu
21030 Kuala Terengganu,
Terengganu
Tel : +609-6684810 Fax: +609-6684325
Email: ic@umt.edu.my
[Website:aims.umt.edu.my](http://aims.umt.edu.my)