



CHECK-LIST FOR STUDENT EXCHANGE PROGRAM (OUTBOUND)

NAME : _____

MATRIC : _____

PROGRAM : _____

SEMESTER : _____

SCHOLARSHIP : _____

E-MAIL : _____

TEL. NO. : _____

DPP & ROOM NO : _____

UNIVERSITY CHOICE : _____

- | | |
|---|--------------------------|
| 1. Application Form (Complete) | <input type="checkbox"/> |
| 2. Passport Size Photo (Attached on Application Form) | <input type="checkbox"/> |
| 3. Curriculum Vitae (CV) / Resume | <input type="checkbox"/> |
| 4. Copy of Transcript (Entire Subject) | <input type="checkbox"/> |
| 5. Copy of MUET | <input type="checkbox"/> |
| 6. Copy of Passport (If Available) | <input type="checkbox"/> |



CENTRE OF INTERNATIONAL AFFAIRS AND COOPERATION (CIAC)
UNIVERSITI UTARA MALAYSIA
Application Form for Student Exchange Program (Outbound)

Please affix
one (1)
recent photo
here

PERSONAL INFORMATION

Name :

(as appear on the passport)

Matric No. : Nationality:

Date of Birth : Sex: M / F Religion :

Passport No. : Place of Issue :

Date of Issue : Date of Expiry :

H/P No. : Email :

Scholarship :

Address (In Full):

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EDUCATIONAL BACKGROUND

School :

Current Degree Program :
(Please specify specialization, if any)

Semester :

Current CGPA :
(Please attach copy of your transcript)

FAMILY PROFILE

Father's occupation :

Mother's occupation :

Household monthly income :

| | | | |
|--------------------------|------------------|--------------------------|------------------|
| <input type="checkbox"/> | Less than RM1000 | <input type="checkbox"/> | RM3001 - RM4000 |
| <input type="checkbox"/> | RM1001 - RM2000 | <input type="checkbox"/> | RM4001 - RM5000 |
| <input type="checkbox"/> | RM2001 - RM3000 | <input type="checkbox"/> | More than RM5000 |

COURSES REGISTRATION AT HOST UNIVERSITIES

| | |
|---------------------------|------------|
| NAME OF UNIVERSITY | |
| NAME OF COURSE | |
| PERIOD OF STUDY | 1 Semester |

| COURSE TO BE TAKEN | | | |
|---------------------------|--------------------|--------------------|--------------------|
| NO | COURSE CODE | COURSE NAME | CREDIT HOUR |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL CREDIT HOURS | | | |

Approved by School Coordinator
University Utara Malaysia

Approved by Academic Dean:
University Utara Malaysia

.....
(stamp and sign)

.....
(stamp and sign)

Date:

Date:

EMERGENCY CONTACT

Name :

Relationship :

(eg.: father / mother / husband / wife)

Tel/ Handphone No. :

Address (In Full) :

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REASONS FOR APPLYING FOR EXCHANGE PROGRAM

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STATEMENT OF INTENT

I agree that all information given is true and I will return back to my home university after completing my exchange program at Host University. I also understand that I am subject to all the rules and regulations at host University during my student exchange period.

Student's signature:

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Name:

Date: