

International Office

Universiti Tenaga Nasional Phone : +603-8921 2152
 Jalan IKRAM-UNITEN Email : zue@uniten.edu.my
 43000 Kajang, Website : <http://www.uniten.edu.my/360gem>
 Selangor, Malaysia.

****Photo**
 (Please write your name, home institutional and student ID number on the back)

APPLICATION FORM
360° GLOBAL EXCHANGE & MOBILITY (GEM)
FOR INBOUND STUDENTS

SUBMISSION REQUIREMENT CHECKLIST

1. Please **type**, complete all sections, and print neatly in **CAPITAL LETTERS**.
2. Submit the following documents in softcopy.

CHECKLIST: Tick the appropriate box.

- A recent passport-size photo (Pure White Background)**
- A certified copy of your passport (all pages).** The passport must be valid for **at least six (6) months**, prior to the date of arrival in UNITEN.
- A certified copy of the most recent academic transcript. (A certified translation of the transcript is needed if the original language is not in English.)**

PERSONAL DETAILS

Name (as shown on Passport) :	
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth : Month _____ / Day _____ / Year _____
Passport Number:	Nationality:
Country of Birth :	Email:
Phone Number:	Mobile Number:
Mailing Address :	Home Address :

MEDICAL DISCLOSURE

Do you have a disability, impairment or long-term medical condition which may affect your studies?

- Yes, please provide details: _____
 No

For Yes, Kindly enclose the attached medical form verified by medical officer.

EMERGENCY CONTACT DETAILS

Name:	Relationship:
Address:	
Phone Number:	Mobile Number:
Email:	

CURRENT HOME INSTITUTION ACADEMIC BACKGROUND

Name of university :	Country :
Phone Number :	Fax Number :
	Current CGPA :
Level of Study : <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Master <input type="checkbox"/> Ph.D	
Programme:	Specialization (If applicable):
Year of study : <input type="checkbox"/> st year <input type="checkbox"/> nd Year <input type="checkbox"/> rd Year <input type="checkbox"/> th Year <input type="checkbox"/> th Year	
Current semester :	Expected year of graduation :
1. Academic Referee Name: _____ Position Title: _____ College: _____ Phone No.: _____ Email: _____	2. Academic Referee Name: _____ Position Title: _____ College: _____ Phone No: _____ Email: _____

3. Co-ordinator, Student Mobility Program
Name: _____
Position Title: _____
College/Department: _____
Phone No: _____
Email: _____

ENGLISH PROFICIENCY

English language details :

- English is the language of instruction at my home institution.
- English is my main/first language.
- The results of my IELTS or TOEFL test is attached.
- Other English proficiency results.

STUDENT MOBILITY DETAILS

- Type of mobility programme:
- Student Exchange
 - Research Internship
 - Research Attachments
 - Short Course (IEP/Language/Culture/etc)
 - Study Abroad
 - Overseas Transfer Programme

Period of Mobility at UNITEN : Less than 3 month More than 3 month

Commencing from _____ to _____

STUDY PLAN

Credit Transfer: _____

	Subject Code	Please list your request of subjects:	Credit Hour	COURSE APPROVAL By UNITEN
1				
2				
3				
4				
5				
Please state other options:				
1				
2				
3				

Research

Research Title: _____

1. Research Centre : _____

Supervisor Name: _____

2. Position Title: _____

Research Centre: _____

Phone No.: _____ Email: _____

FINANCIAL PLAN

How would you intend to finance your study at UNITEN?

***This part must be filled up by student.**

Expenses funded by (please tick (v) at the appropriate box below)							
	Type of Mobility	Student Exchange	Study Abroad	Overseas Transfer Programme	Research Attachments	UNITEN Internship	Short course/IEP/Summer Programme
Please tick (v) the type of Mobility programme.							
1	Tuition Fee	-	UNITEN Fee	UNITEN Fee	-	-	Course Fee
2	360 GEM Fee	970	970	-	Accordingly	970	-
3	Student Card	70	70	-	-	70	70
4	Library Fee (Per Semester)	260	260	-	-	260	260
5	Student Activity Fee (Per Semester)	260	260	-	-	260	260
6	Mobility student visa charges (2 to 6 months): RM 950 (Estimated)						
7	Mobility student visa charges (6 to 12 months): RM 1200 (Estimated)						
8	Caution Deposit (refundable)	300	300	-	-	300	-
9	Services	260	260	-	200	260	-
10	Accommodation On-Campus : RM335						
	Total estimated expenses	MYR	MYR	-	MYR	MYR	MYR

Sponsoring Body/Institution/Association: _____

FORM TO DOWNLOAD

Medical Form
Arrival Form
Accommodation Form

CONSENT & DECLARATION

Consent from parents/guardian

I _____, parents/guardian to _____
(Parents/Guardian name) **(Student name)**

giving a grant and agree on her/him participation in Universiti Tenaga Nasional Student Mobility Program. I hereby acknowledge and agree that Universiti Tenaga Nasional will not be liable in any way for any loss, injury, sickness or damage may suffer by her/him whilst participating in the program, or which results in any way from her/him participation in the program, other than arising from or as a consequence of any negligent act or omission of Universiti Tenaga Nasional or its officers, employees or agents.

Signature: _____

Date: _____

Declaration from applicant

I certify that the information I have provided on this application and the accompanying documentation is true, accurate and complete. I acknowledge that the Universiti Tenaga Nasional may terminate my application or nomination for the Student Mobility Program if I have misrepresented my past and/or present circumstances. I hereby agree that, Universiti Tenaga Nasional will not be liable in any way for any loss, injury, sickness or damage I may suffer whilst participating in the program, or which results in any way from my participation in the program, other than arising from or as a consequence of any negligent act or omission of Universiti Tenaga Nasional or its officers, employees or agents.

Name: _____

Date: _____



For Office Use Only

COLLEGE REVIEW for 360⁰ GLOBAL EXCHANGE & MOBILITY (GEM)

INBOUND STUDENT

Recommendation and Approval by College

The Mobility College Review Committee has reviewed the application and approved the applicant as inbound student at Universiti Tenaga Nasional.

Reviewed by :

Head of Department / Supervisor

Date :

Recommended by :

Deputy Dean (Student Affair & External Relations)

Date :

Approved by :

Dean / Director of Research Centre

Date :