



UMS
UNIVERSITI MALAYSIA SABAH

**INTERNATIONAL STUDENT MANAGEMENT UNIT CENTRE FOR
INTERNATIONAL AFFAIRS**

Please return this form to International Student Management Unit, Centre for International Affairs, Level 5 South Block, Chancellery Building, UMS Road, 88400 Kota Kinabalu, Sabah, MALAYSIA

Phone : +6088 320 000 ext. 1385 / 1057
Fax : +6088 320 126
E-mail : intl@ums.edu.my

照片

MOBILITY PROGRAMME APPLICATION FORM

PERSONAL DETAILS

[Please type or print clearly]

Full Name (Mr./ Ms.)

As stated in your passport

ZHANG SANSAN

Other Name (If any)

Date of Birth (DD/MM/YY)

08.01.1996

Marital Status



Single



Married

Gender



Male



Female

Passport Particulars

1. Passport Number :

2. Valid until :

3. Place & Date of Issue :

4. Citizenship :

**SUBMISSION REQUIREMENT
CHECKLIST**

1. Mobility Offer letter from Home University
2. English Proficiency Result
3. Examination Result (Undergraduate student must obtain an absolute CGPA of 3.0 and above to be qualified for the mobility programme)
4. A photocopy of passport holder (Front page, passport expiry date, updated pass)
5. Health Examination Report (To be conducted in Kota Kinabalu, Sabah)
6. 2 (two) passport size photographs
7. VDR Form
8. Application are to be submitted before 1st of May

ADDRESS INFORMATION	
Current Mailing Address	XXXXXXXXXX Postcode : 0XXX Country : China
Permanent Address	XXXXXXXXXX Postcode : XXX Country : China
Phone Number	13xxxxxxxx
Fax Number	XXXXXX
E-Mail Address	XXXXXX
Address of Parent / Next – of – Kin	XXXXXX

MEDICAL DISCLOSURE
<p>Do you have any disability, impairment, or long-term medical condition which may affect your studies?</p> <p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (please provide specific details) : </p>

EMERGENCY CONTACT DETAILS			
Name	ZHANG WUWU		
Relationship	father / mother		
Address	XXXXXXXX		
Phone Number	XXXXXXXX	Mobile Number	XXXXXXXX
E-Mail Address			

EDUCATION			
Current Home University	Baoding University		
Faculty	History		
Field of Study & Specialisation	History	Level of Study	<input checked="" type="checkbox"/> Degree <input type="checkbox"/> Master <input type="checkbox"/> Ph.D
Student Number	1603012122	Current Semester	the second semester
Current CGPA	3.01	Expected Year of Graduation	2018
Academic Awards (please specify name of award, organiser, & date received) "The Best Volunteer", Baoding University, Nov. 2016			

OTHERS (CO-CURRICULUM ACTIVITIES / SPECIAL SKILLS)

Co-curriculum Activities :

Official Document Training 2016.11 Sport Carnival 2016.12
Chinese Hero Contest 2017.03

Special Skills :

The Grade 1 Certificate of Computer Programming. 2015.12
For who have past the Driving Skills Test of China. 2015.06

STUDENT MOBILITY PROGRAMME

Host University /
Institution Applied

Universiti Malaysia Sabah

Period of Mobility
Programme



1 Semester (with credit transfer)



2 Semester (with credit transfer)



Short-term*

Commencing : to

COURSE APPLIED

(If applicable)



Coursework

(please specify by stating desired faculty / institute & programme)

Faculty of business, economics and accountancy
NO.2 BE31103 Food and Beverage Management
NO.10 BC20603 Development Economics
NO.21 BA21103 International Marketing
NO.24 BA31403 Issues In International Business
NO.38 BY20103 The Principles of Tourism



Research

INBOUND

INTER OFFICE COMMUNICATION [please include the contact person from the home faculty / institute (student exchange coordinator) who is responsible for the correspondence]			
Name (Prof. / Dr. / Mr. / Mrs / Ms.)	Prof. Zhang Liuli		
Office / Department	Center for Interational Exchange Education		
Position	Vice Dean		
Correspondence Address	Baoding University No.3027 Qi'izi East Road Baoding City Hebei Province		
Phone Number	XXXXXXXX	Mobile Number	XXXXXXX
E-Mail Address			

CONSENT & DECLARATION**Consent (Parents / Guardian)**

I _____, parents / guardian to _____, giving a grant and agreed upon his / her participation in Universiti Malaysia Sabah International Mobility Programme. I hereby acknowledge and agree that Universiti Malaysia Sabah will not be liable in any way for any loss, injury, sickness, or damages may suffer by him / her whilst participating in the programme, or which results in any way from his / her participation in the program, other than arising from or as a consequence of any negligent act or omission of Universiti Malaysia Sabah or its officers, employees, or agents.

Parent / Guardian Signature : XXX

Parent / Guardian Name : XXX
Date : XXXXX

Applicant Declaration

I would like to certify that the information I have provided on this application and in all other application materials is complete, accurate and true to the best of my knowledge and if admitted, I agree to abide by the rules and regulations of the University. I hereby agree that, Universiti Malaysia Sabah will not be liable in any way for any loss, injuries, sickness, or damages I may suffer whilst participating in the program, or which results in any way from my participation in the programme, other than arising from or as a consequence of any negligent act or omission of Universiti Malaysia Sabah or its officers, employees, or agents.

Applicant's Signature : XXX

Applicant's Name : XXX
Date : XXXXX

INBOUND

HOST - OFFICE REFERENCE

(This section is to be filled by UMS)

APPROVAL BY THE DEPUTY VICE CHANCELLOR (ACADEMIC & INTERNATIONAL), UMS

Signature :

Date :

DEAN OF THE HOST FACULTY / INSTITUTE

Comment(s)

I accept / decline this student's application

Signature :

Date :