

Full Name:			Date of Birth:		
ivanic.	(as appear on the passport)		Date of Birtin.	dd / mmm / yyyy	
Address:					
Street Address			Apartment/Unit #		
	City		State	ZIP Code	
Phone No.:		Handphone No.:	E-mail Address:		
Sex:		Nationality:	Passport No.:		
Passport Expiry Date:		Place of Issue:			
Name of Uni	iversity:				
Name of Current Degree:			Major Field of Study:		
Dograd start	data				
Degree start (dd/mmm/yyyy)		1 1	Current Semester:		
Expected Degree Completion date: (dd/mmm/yyyy)		Current CGPA:			

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I declare that the exchange stud	ne above information is correct, and I understand that admissent	sion to Universiti Utar	a Malaysia as an				
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 m studying at Host University.							
Signature:		Date:					
Name of International Office officer:	l Position	:					
Signature:	Date:						

This application 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
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Fax: 86 10 64032524
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