

Revision: 21st June, 2016

PHOTO

**STUDENT EXCHANGE PROGRAMME (INBOUND)**

**APPLICATION FORM**

**INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA**

**(MALAYSIAN STUDENT)**

**NOTES TO APPLICANT**

1. Applicant **must** fill in all the necessary information clearly
2. The application must be submitted 3 months before the beginning of the semester / programme
3. Attach a copy of the following documents:
4. Copy of Valid International Passport (all pages including the blank page);

**نسخة من جواز السفر ساري المفعول (جميع الصفاحات)**

1. Medical Report Form;

**استمارة التقرير الطبي**

1. Three latest passport size photos (including one that should be pasted on the right corner of this page);

**ثلاث صور شخصية (بالإضافة إلى صورة واحدة في الركن الأيمن من هذه الاستمارة)**

1. Translation of latest Academic Transcripts / qualifications (if they are not in English);

**ترجمة كشف الدرجات لآخر مرحلة أكاديمية ( إذا كانت النسخة الأصلية غير اللغة الانجليزية)**

1. Translation of Certification Letter from Home University (if they are not in English);

**ترجمة خطاب التعريف من الجامعة ( إذا كانت النسخة الأصلية غير اللغة الانجليزية)**

1. Proof of Sponsorship (in the form of Bank Statement / Statutory Declaration / Official Letter from sponsor, etc)

**إفادة بالدعم المالي (كشف حساب في البنك، ضمان مالي، خطاب رسمي من الداعم المالي، ...إلخ**

1. Processing fee of RM 100.00 (Payable to Operating Account: 14070000004716. Receipt of payment should be attached with this application form)

**رسوم التسجيل100.00 RM (تدفع لحساب الجامعة الموضحة أعلاه، وإرفاق إيصال الدفع مع الاستمارة)**

Operating Account : 14070000004716

Bank : Bank Muamalat Malaysia Berhad

Swift Code : BMMBMYKL

1. All exchange students are required to have the VDR before entering Malaysia

**جميع الطلبة مطالبين بالحصول على خطاب الفيزا قبل دخولهم إلى ماليزيا**

1. **The application will be processed upon receiving the complete documents**
2. Closing Dates for Application: February Intake – 15th October

September Intake – 15th May

June Intake – 15th February

1. Please send your application by e**mail** (through International Office or Admission Office of your Home Institution)

|  |
| --- |
| **STUDENT PERSONAL DETAILS**  Name as stated in Passport (in capital letters)  Gender: Male/Female  Citizenship: Date of Birth: - -  Age: Place of Birth  Marital Status: Single Married / No. of children    International Passport No: Date of Expiry: - -  Date and Place of Issue: - - - - and    Country/State of Origin:  Country of Residence:  Religion: *Madzhab:* |

|  |
| --- |
| -  Postal address:  Telephone:  E-mail:  Disability: |

## STUDENT FAMILY DETAILS

Name of Father/Guardian Passport No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship:

Occupation: Monthly Income: No of Dependents:

Telephone: ­ Home Address:

**STUDENT ACADEMIC BACKGROUND**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of**  **Schools/Universities/Colleges** | **Period of Study** | | **Certificate Obtained** | **Grade** | **Medium of Instruction** |
| **From** | **To** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| Level of Study: 1) Undergraduate    2) Postgraduate  Year of Study: 1st  2nd 3rd 4th |

**RESEARCH / WORKING EXPERIENCE (IF ANY)**

|  |  |  |
| --- | --- | --- |
| **Place of Research / Work** | **Working Period** | **Nature of Work / Outcome of Research** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **DURATION OF STUDY AT IIUM**  **Please tick one of the following boxes:**   * Semester 1 (September) from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      * Semester 2 (February) from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Semester 3 (June) from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * One Year from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   (2 long semesters + 1 short semester) |

|  |
| --- |
| **CHOICE OF PROGRAMMES AT IIUM**  **Name of Kulliyyah / Faculty Applied :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Programme :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Course(s) Code    (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    ***Note:*** *Minimum 4 subjects*  *Maximum 6 subjects*        By research (Postgraduate Student only)  Supervisor needed    No supervisor needed  Please fill in the following;  Title of research : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    ***Note: Applicant is required to provide summary of research***    Name of supervisor at your home institution (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of proposed supervisor at IIUM (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    ***Note: If you need to use facilities other than Library and computer lab, please specify in details in a separate***  ***Page***    I hereby attest that the information contained herein is complete and accurate to the best of my knowledge.  I understand that withholding or giving false information will make me ineligible for admission and future  enrollment.  Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ACCOMODATION On Campus – please proceed to the option below**

**Off Campus (own arrangement)**

|  |  |
| --- | --- |
| **TYPE OF ROOM**  **(Subject to availability)** | **RATE**  **(In Ringgit Malaysia)** |
| 1. Executive Room  (Single room) | RM2400.00 / Semester (excluding of electricity) |
| 2. Undergraduate Room\*  (Only for undergraduate student (sharing room)) | RM552.50 / Semester (inclusive of electricity) |
| 3. Postgraduate Room\*  (Only for postgraduate student (single room)) | RM1212.50 / Semester (inclusive of electricity) |

\*Subject to the availability

# FINANCIAL SECTION

1. Who will be paying your fees and providing fund for living expenses?

Self *Please proceed to no (iii)* Other *Please proceed to no (ii)*

1. Have you already secured sponsorship for your studies? Yes / No

Please state your Sponsor and amount per year:

***Note: Please provide evidence of financial support if you wish to be self-sponsored or financed by employer***

***(Put in a separate attachment)***

**CONTACT DETAILS OF EXCHANGE COORDINATOR (HOME UNIVERSITY)**

|  |  |
| --- | --- |
| Surname: | First Name: |
| Address: | Phone (incl. country code): |
| Fax (incl. country code): |
| Email: | |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| RECOMMENDATION FROM OFFICE OF INTERNATIONAL AFFAIRS(Director / Assistant Director of Host University) |
| Recommended Not Recommended  Comments: ……………………………………………………………………………………………………...  …………………………………………………………………………………………………………………...  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature and name of the recommending Date  authority |

|  |
| --- |
| APPROVAL FROM KULLIYYAH / FACULTY (Dean/Deputy Dean of Host University) |
| Approved Not Approved  Comments: ……………………………………………………………………………………………………...  …………………………………………………………………………………………………………………...  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature and name of the approving Date  authority |

Please submit the application form to the following address:

**Office Address:**

Office of International Affairs

Level 2, Rectory

IIUM Gombak Campus,

Jalan Gombak, Selangor Darul Ehsan.

**Mailing Address:**

Office of International Affairs

Level 2, Rectory

IIUM Gombak Campus,

P.O. Box 10, 50728 Kuala Lumpur, Malaysia

Tel: (603) 6196 5774

Fax: (603) 61965776

Email: [iceo@iium.edu.my](mailto:iceo@iium.edu.my)

Website: www.iium.edu.my/iceo