



OFFICE OF INTERNATIONAL AFFAIRS

PERSONAL INFORMATION

NAME			
MATRIC NO		PASSPORT NO.	
PROGRAMME		STUDENT PASS EXPIRY DATE	
YEAR OF STUDY		NATIONALITY	
HOME COUNTRY		E-MAIL	
DEPENDENT INFORMATION (if any)		HANDPHONE NO.	

DETAILS MOVEMENT

DESTINATION	
PURPOSE OF VISIT(Please provide evidence)	
DATE	
TIME GOING OUT FROM IIUM	
TIME RETURNING TO IIUM	

APPROVAL

OFFICE OF INTERNATIONAL AFFAIRS	PRINCIPAL
Name :	Name :
Designation :	Mahallah :
Signature :	Signature :
Date :	Date :

DISCLAIMER

IIUM HEREBY WAIVES ANY RESPONSIBILITY AND/OR LIABILITY FOR ANY ACTION BY THE GOVERNMENT OF MALAYSIA AND/OR ANY GOVERNMENT WHICH RESULT IN ANY LOSSES, DAMAGES, DELAYS OR INJURIES TO THE STUDENT IN THE COURSE OF HIS/HER TRAVEL