



UNIVERSITI TUNKU ABDUL RAHMAN 20072041
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**Universiti Tunku Abdul Rahman (UTAR)
Student Exchange Programme (SEP)
Application Form for Academic Exchange and Internship
(For Inbound Students)**

Insert your photo
WHITE
background (4.5
cm x 3.5 cm) here

CHECKLIST

The following documents **MUST** be included to complete the application process:

- A completed Student Exchange Programme (SEP) Inbound Application Form, FM-CEE-SEP-001 and a passport size photo.
- A letter of recommendation from Head of Department / Dean from Home Institution who supports their application.
- A copy of official academic transcripts (in certified English translation).
- A copy of passport (only pages with passport number, photo, issuance and expiry date).

The following additional documents are required for Student pass and Visa Application:

- A copy of passport size photo with size 4.5 cm x 3.5 cm (white background) – JPEG format.
- A letter of confirmation from Home Institution to prove that applicant is enrolled as a full-time student at Home Institution.
- A copy of passport for all pages including blank pages (The passport must be valid for at least 18 months from the expected date of entry).
- Health Declaration Form.

Please email your completed application form to mobility.cee@utar.edu.my

If you have any enquiries, please do not hesitate to contact us.

In person

Sungai Long Campus

Centre for Extension Education (CEE)
Universiti Tunku Abdul Rahman
KB008B, Ground Floor, KB Block,
Jalan Sungai Long,
Bandar Sungai Long,
Cheras, 43000, Kajang,
Selangor Darul Ehsan,
Malaysia.

Tel No.: +(603) 9086 0288 Ext. 364

Fax No.: +(603) 9019 8868

Kampar Campus

Centre for Extension Education (CEE)
Universiti Tunku Abdul Rahman
Heritage Building, First Floor A178A,
Jalan Universiti, Bandar Barat,
31900 Kampar,
Perak Darul Ridzuan,
Malaysia.

Tel No.: +(605) 468 8888 Ext. 2236

Fax No.: +(605) 466 7796

Mobile Phone No.: +6012-6267373

Email: mobility.cee@utar.edu.my

Website: <https://cee.utar.edu.my/>



Please fill in the form below and (✓) **tick** the checkbox as appropriate.

1. PROPOSED FACULTY

For Kampar Campus:

- Faculty of Arts and Social Science
- Faculty of Business and Finance
- Faculty of Engineering and Green Technology
- Faculty of Information and Communication Technology
- Faculty of Science
- Institute of Chinese Studies
- Other (please specify): _____

For Sungai Long Campus:

- Faculty of Accountancy and Management
- Faculty of Creative Industries
- Faculty of Medicine and Health Science
- Lee Kong Chian Faculty of Engineering and Science
- Other (Please specify): _____

2. TYPES OF PROGRAMME*

- Academic Exchange

Name of Programme: _____

For example: Bachelor of International Business (Hons)

(Undergraduate Programme refer to : <https://study.utar.edu.my/undergraduate.php>)



(Postgraduate Programme refer to : <https://ipsr.utar.edu.my/Programmes.php>)



- Internship

Faculty / Department: _____

* Most UTAR courses are conducted in English, but majority of the courses in Traditional Chinese Medicine, Chinese Journalism and Chinese Studies programmes are taught in Chinese.

3. DURATION OF STUDY AT UNIVERSITI TUNKU ABDUL RAHMAN

- January Trimester for Year: _____
- May Trimester for Year : _____
- October Trimester for Year: _____
- Other (please specify):
From _____ (month) _____ (year) To _____ (month) _____ (year)

Expected date of arrival at UTAR:

Expected date of return to own country:

4. COURSE DETAILS (FOR ACADEMIC EXCHANGE ONLY) *

UTAR Course Code	UTAR Course Description	Taking Exam (Yes/No)	Credit Transfer (Yes/No)

*Please do not hesitate to contact us at mobility.cee@utar.edu.my for UTAR Course Code and Description.

5. PERSONAL DETAILS

Name as in Passport: (Surname in BLOCK letters)		
Home Address: (in BLOCK letters)		
Mailing Address: (in BLOCK letters)		
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:
Tel. No.:	WeChat / WhatsApp ID:	Email Address:
Marital Status: Single / Married / Others	Spouse accompanying to Malaysia: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Passport No.:	Date of Issue:	
Place of Issue:	Date of Expiry:	
Person to Contact: (In case of emergency)	Relationship:	
Tel. No.:	Email Address:	
Please give details of any special needs, allergies, dietary requirements or health condition that require special attention. Please state nature of condition / requirement.		

6. ACADEMIC BACKGROUND

Name of Home Institution:	
Address: (in BLOCK letters)	
Name of Officer to contact:	Designation:
Tel. No.:	Email Address:
Current Programme of Study: Bachelor (please specify specialisation, if any)	
Year of Study: (at the time of application)	Graduation Date: (expected)

7. SOURCE OF FUND

- MoU / MoA Affiliated UTAR Partner
 Parent / Guardians
 Scholarship / Fellowship
 Self-supporting

Name of Award / Scholarship / Sponsorship:
(if applicable)

Duration and Amount of Award / Scholarship / Sponsorship:
(if applicable)

8. ENGLISH PROFICIENCY*

English Components	Excellent	Good	Poor
English Listening Proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Speaking Proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Writing Proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Reading Proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Based on self-assessment

9. DECLARATION BY APPLICANT

- I declare that the information given is correct and complete. I fully understand that it is my responsibility to provide all necessary documentary evidence of my qualifications, studies and experience and hereby authorise UTAR to obtain further information where necessary. I agree to present the original copies of my academic results and transcript for verification by UTAR, if required. UTAR reserves the right to withdraw any offer to me or cease my enrolment at any stage during my course where false or misleading information has been provided.
- I declare that I have not been convicted by any court of law and will abide by all regulations and laws of UTAR and Malaysia.
- I declare that I am mentally and physically fit and have obtained appropriate immunisation (if required by Immigration Department of Malaysia) to undertake this programme.
- I would like to participate in UTAR Buddy Programme, and I understand that any expenses incurred by me during the programme shall be borne by myself. I also agree that my personal information (e-mail address / contact number / WeChat / WhatsApp ID) is to be given to UTAR buddy.

Name in Capital Letters:

Signature of Applicant:

Date:

For Office Use Only**COLLECTION OF COMPLETED FORM BY CEE (Reference No.: _____)**

Collected By:

Date:

APPROVAL BY DEAN/DIRECTOR OF FACULTY/INSTITUTE

- Approved
 Disapproved

Date:

Signature:

Official Stamp: