

Please tick :    **GMP**                                        **OUTBOUND**      
                          **GIP**                                        **INBOUND**       

## Global Mobility/ Internship Program Form

*Please complete and return this original application form, along with all the appropriate supporting documents to:*

**Global Affairs**  
 Management & Science University (MSU)  
 University Drive, Off Persiaran Olahraga, Section 13,  
 40100 Shah Alam, Selangor.  
 Malaysia.  
 Tel: 00(6) 03-5521 6915

**Affix passport –  
 sized photo sized  
 (WHITE  
 Background)**

TYPE OF PROGRAM (√)	CHECKLIST DOCUMENTS FOR APPLICATION
<input type="checkbox"/> Global Mobility Program <input type="checkbox"/> Double Degree / Dual Degree	ALL Semester Results Invitation / Offer Letter Passport Copy Copy of Visa Page (IF Applicable) Account Statement and/or Bank Letter (IF Applicable) Receipts of Payment (IF Applicable)
<input type="checkbox"/> Global Internship Program	Faculty Letter Internship Offer Letter



SECTION 1 : PERSONAL DETAILS	
<b>Name as stated on passport</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Other, please specify: _____ <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
<b>Family Surname</b>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
<b>Nationality</b>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
<b>Passport Details</b>	<b>Passport No :</b> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <b>Expiry Date :</b> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
<b>ID Card No.</b>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
<b>Contact No.</b>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
<b>Home Address</b>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
<b>Email Address</b>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
<b>Social Address</b>	<b>Facebook :</b> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <b>Twitter :</b> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <b>Instagram :</b> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>

SECTION 2: ACADEMIC INFORMATION	
School / Faculty / Department	
Year / Semester No	
Program of Study	
Current CGPA	
No. of Subject / Credit to complete studies	

SECTION 3: MOBILITY PROGRAM INFORMATION			
Name of Program			
Host Institution / University			
Country			
List of Courses (equivalent for credit transfer)			
MSU		Host University	
Subject	Credit	Subject	Credit

Course approval by home faculty:

.....  
**Name:**  
**Dean / Deputy Dean:**

**SECTION 4: INTENDED PERIOD OF STUDY AT HOST UNIVERSITY**

- Two (2) months     
  Four (4) months     
  Six (6) months     
  Twelve (12) months  
 Others (please specify): \_\_\_\_\_

**SECTION 5: FINANCIAL**

<b>Type of Financial Support</b>	<input type="checkbox"/> MSU Scholarship <input type="checkbox"/> Self-sponsored <input type="checkbox"/> Grant provided by relevant university <input type="checkbox"/> Other Sponsor / Scholarship / Financial Support <b><i>Please specify the details of sponsorship:</i></b>  ..... ..... ..... ..... <b><i>***Please attach any support document such as sponsor letter etc.</i></b>
----------------------------------	--

**SECTION 6: HEALTH DECLARATION (COMPULSORY ONCE ACCEPTED)**

<b>Please indicate (√) accordingly.</b>  <i>***Please provide medical checkup report.</i>	<input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Depression <input type="checkbox"/> Asthma <input type="checkbox"/> Migrain <input type="checkbox"/> Others <b><i>Please specify:</i></b> .....
---	---

**SECTION 7: COMPREHENSIVE INSURANCE (COMPULSORY ONCE ACCEPTED)**

<p style="text-align: center;"><b>Please indicate (√) accordingly.</b></p> <p style="text-align: center;"><i>*** Please provide copy of insurance policy</i></p>	<p><b>Duration of Medical / Health Insurance:</b></p> <table style="border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td>2 Weeks</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td>1 Month</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td>3 Months</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td>6 months</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td>1 year</td></tr> </table> <p>Please state the insurance company name: .....</p>		2 Weeks		1 Month		3 Months		6 months		1 year
	2 Weeks										
	1 Month										
	3 Months										
	6 months										
	1 year										

**SECTION 8: EMERGENCY CONTACT PERSON (TO BE FILLED IN BY PARENT OR GUARDIAN)**

<b>Full Name</b>	
<b>Relationship</b>	
<b>Address</b>	
<b>Contact No</b>	
<b>Email Address</b>	
<b>Statement of Consent</b>	
<p><i><b>I certify that the above information is true and shall not hold Management and Science University or Host University (as mentioned by applicant) responsible for any injuries and losses that may result from my consent for his / her during the period of his / her involvement in this program. I hereby agree by all the rules and regulations of this program.</b></i></p> <p>.....</p> <p><b>Name:</b></p> <p><b>Passport No.:</b></p> <p><b>Date:</b></p>	

