



# STUDENT EXCHANGE APPLICATION FORM

CENTRE FOR INTERNATIONAL RELATIONS (CIR)

Affix a passport  
size photo

(35mm×45mm)

Please complete the form in **BLOCK LETTERS** and attach all supporting documents. Mark "x" where applicable.

## PART 1: TO BE COMPLETED BY APPLICANT

### PERSONAL INFORMATION

First Name (Given Name): \_\_\_\_\_  
As indicated in passport

Last Name (Family Name): \_\_\_\_\_  
As indicated in passport

Title (Ms, Miss, Mrs, Mr etc.): \_\_\_\_\_ Gender: ☐ Male ☐ Female Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Marital Status: ☐ Single ☐ Married Religion: \_\_\_\_\_ Ethnic: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Place of Issue (Passport): \_\_\_\_\_

Passport Expiry Date (dd/mm/yyyy): \_\_\_\_\_ Passport Date of Issue (dd/mm/yyyy): \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you currently hold a valid Malaysian Visa: ☐ Yes ☐ No If yes, type of visa: \_\_\_\_\_

Current Address: \_\_\_\_\_ Permanent Address (If different from current address) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

\*Please fill in the details correctly as all information will be emailed and sent directly to the given addresses.

## ADMISSION DETAILS

Name of Current University: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Major: \_\_\_\_\_

Intake Preference: \_\_\_\_\_ Year (e.g. 2015) : \_\_\_\_\_

☐ February (February to June)

☐ September (September to February)

## INSURANCE

Do you hold a health or accident insurance policy:

☐ Yes ☐ No

If yes, please specify: \_\_\_\_\_

If no, please note that you will be required to have one if accepted as an exchange student. UTS will assist in purchasing the insurance.

## EMERGENCY CONTACT DETAILS

Full Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

## GENERAL PRIVACY STATEMENT

Students' information is gathered for various academic and administrative reasons. It is processed in accordance with the Malaysian Personal Data Protection (PDP) Act 2010, and will only be disclosed to third parties upon the individual's consent or to meet statutory obligation. The information provided in this application form will be kept and used ONLY for academic and administrative purposes by the University.

## DECLARATION

I hereby certify that all the information given in this application are true and completed to the best of my knowledge. I understand that a false or incomplete answer may be grounded for not considering me or for my dismissal.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/mm/yyyy)

**PART 2: TO BE COMPLETED BY APPLICANT**  
**COURSE OR PROGRAMME TO BE TAKEN AT UTS**

School of Business & Management	<input type="checkbox"/> Bachelor of Business Administration (Hons) <input type="checkbox"/> Bachelor of Accountancy (Honours) <input type="checkbox"/> Bachelor of Business (Hons) in Marketing <input type="checkbox"/> Bachelor of Technology Management (Honours)
School of Engineering & Technology	<input type="checkbox"/> Bachelor of Civil Engineering (Hons) <input type="checkbox"/> Bachelor of Electrical Engineering (Hons) <input type="checkbox"/> Bachelor of Mechanical Engineering (Hons) <input type="checkbox"/> Bachelor of Food Technology (Hons)
School of Computing & Creative Media	<input type="checkbox"/> Bachelor of Computer Science (Hons) <input type="checkbox"/> Bachelor of Arts in Industrial Design (Honours) <input type="checkbox"/> Bachelor of Arts (Hons) in Creative Digital Media
School of Built Environment	<input type="checkbox"/> Bachelor of Quantity Surveying (Hons) <input type="checkbox"/> Bachelor of Science (Hons) in Architecture <input type="checkbox"/> Bachelor of Arts (Hons) Interior Design

**PART 3: TO BE COMPLETED BY APPLICANT'S CURRENT UNIVERSITY**  
*(Fill by the coordinator or lecturer of the applicant's University)*

I, hereby certify that the information contained in Part 1 and Part 2 of this form is correct and complete.

Signature by Coordinator/Lecturer: \_\_\_\_\_

Name of Coordinator/Lecturer: \_\_\_\_\_

Designation: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

**CHECKLIST**

Please attach the following documents:

- ☐ Recommendation letter from Home University
- ☐ Copy of identification card\*
- ☐ Copy of passport with minimum 18 months validity (ALL pages)
- ☐ Copy of certified academic transcript/result\*
- ☐ 10 copies of passport size photos with white background

\*Please have the documents translated to English by the Notary if they are of other languages.

**PLEASE SEND THE APPLICATION TO:**

Centre for International Relations  
University of Technology Sarawak  
No. 1, Jalan Universiti  
96000 Sibu, Sarawak  
Malaysia.

Tel: +60 84 367 300  
Fax: +60 84 367 301  
Email: [cir@uts.edu.my](mailto:cir@uts.edu.my)  
Website: [www.uts.edu.my](http://www.uts.edu.my)