



UNIVERSITI TUNKU ABDUL RAHMAN 000712(A)  
Wholly owned by UTAR Education Foundation Co. No. 578227-M

**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 12 months from the expected date of entry).
- Health Declaration Form.

Please email your completed application form to [mobility.cee@utar.edu.my](mailto: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

**Mobile Phone No.:** +6012-6267373  
**Email:** [mobility.cee@utar.edu.my](mailto:mobility.cee@utar.edu.my)

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

#### **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



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

<p><b>PROPOSED FACULTY</b></p> <p><b>For Kampar Campus:</b></p> <p><input type="checkbox"/> Faculty of Arts and Social Science</p> <p><input type="checkbox"/> Faculty of Business and Finance</p> <p><input type="checkbox"/> Faculty of Engineering and Green Technology</p> <p><input type="checkbox"/> Faculty of Information and Communication Technology</p> <p><input type="checkbox"/> Faculty of Science</p> <p><input type="checkbox"/> Institute of Chinese Studies</p> <p><input type="checkbox"/> Other (please specify): _____</p>
<p><b>For Sungai Long Campus:</b></p> <p><input type="checkbox"/> Faculty of Accountancy and Management</p> <p><input type="checkbox"/> Faculty of Creative Industries</p> <p><input type="checkbox"/> Faculty of Medicine and Health Science</p> <p><input type="checkbox"/> Lee Kong Chian Faculty of Engineering and Science</p> <p><input type="checkbox"/> Other (Please specify): _____</p>

<p><b>TYPES OF PROGRAMME*</b></p> <p><input type="checkbox"/> Academic Exchange</p> <p>Name of Programme: _____</p> <p>(Undergraduate Programme refer to : <a href="https://study.utar.edu.my/undergraduate.php">https://study.utar.edu.my/undergraduate.php</a>)</p> <p>(Postgraduate Programme refer to : <a href="https://ipsr.utar.edu.my/Programmes.php">https://ipsr.utar.edu.my/Programmes.php</a>)</p>	  
<p><input type="checkbox"/> Internship</p> <p>Faculty / Department: _____</p>	

\* 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.

<b>DURATION OF STUDY AT UNIVERSITI TUNKU ABDUL RAHMAN</b>	
<p><input type="checkbox"/> January Trimester for Year: _____</p> <p><input type="checkbox"/> May Trimester for Year : _____</p> <p><input type="checkbox"/> October Trimester for Year: _____</p> <p><input type="checkbox"/> Other (please specify): From _____ (month) _____ (year) To _____ (month) _____ (year)</p>	
Expected date of arrival at UTAR:	Expected date of return to own country:

<b>COURSE DETAILS (FOR ACADEMIC EXCHANGE ONLY)*</b>			
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](mailto:mobility.cee@utar.edu.my) for UTAR Course Code and Description.

<b>PERSONAL DETAILS</b>		
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.		

<b>ACADEMIC BACKGROUND</b>	
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)

### 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)

### 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

### 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**

<b>COLLECTION OF COMPLETED FORM BY CEE (Reference No.: _____)</b>	
Collected By:	Date:

<b>APPROVAL BY DEAN/DIRECTOR OF FACULTY/INSTITUTE</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date:
Signature:	Official Stamp: