



**EMBRACING MALAYSIAN CULTURAL DIVERSITY AND HERITAGE  
(August 25 – September 7, 2019)  
by  
FACULTY OF HUMAN ECOLOGY, UNIVERSITI PUTRA MALAYSIA**

**SUMMER SCHOOL APPLICATION FORM**

**A: APPLICANT PERSONAL DETAILS (COMPULSORY)**

Name (Mr./Mrs./Miss)				Please stick passport sized picture here
Date of Birth		Age		
Place of Birth		Race		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single
Citizenship/ Nationality			Religion	
Passport Number			Mobile Number	
E-mail address				
Next of kin			Contact number	
Home address				
State&Country			Postcode	

**B. EDUCATION AT HOME UNIVERSITY (COMPULSORY)**

Current Home University				
Phone number			Fax number	
E-mail address			University web site	
Faculty which applicant is attached to at home university				
Degree Programme				
Degree Level	<input type="checkbox"/> Diploma	<input type="checkbox"/> Bachelor	Current semester	
	<input type="checkbox"/> Master	<input type="checkbox"/> PhD		
Current result (CGPA)			Expected year of graduation	

### C. LANGUAGE

Native Language			
Language proficiency	English	<input type="checkbox"/> Proficient	<input type="checkbox"/> Moderate <input type="checkbox"/> Weak
	Others (specify)	<input type="checkbox"/> Proficient	<input type="checkbox"/> Moderate <input type="checkbox"/> Weak
English Language Certificate or equivalent (please attach the document on your application)	<input type="checkbox"/> IELTS <input type="checkbox"/> TOEFL <input type="checkbox"/> Others (specify) _____		

### D. INTER-OFFICE COMMUNICATION (COMPULSORY)

Please include the contact person from the **home university** (international affairs officer/student exchange coordinator) who is responsible for correspondence.

Name (Mr. / Miss / Mrs.)			
Position			
Office/Department			
Correspondence address			
Phone number		Fax number	
E-mail address			
Signature & Stamp			

### E. MEDICAL INFORMATION

i. Do you have any physical disabilities or personal problems?  Yes  No  
Please describe if 'Yes'

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ii. Do you have any serious illness, conditions, or allergies?  Yes  No  
Please describe if 'Yes'

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iii. Does your current health insurance cover while staying in Malaysia?  Yes  No

## F. APPLICANT'S DECLARATION

I hereby declare that the information provided in this form is true and if admitted, I agree to comply with the rules and regulations of Universiti Putra Malaysia.

Signature : \_\_\_\_\_  
Name : \_\_\_\_\_

Date: \_\_\_\_\_

### NOTE:

\* Incomplete application form will not be processed

\*\* Please submit a copy of Academic Transcript (*in English*), a copy of Certificate of Enrollment (*in English*) and a copy of your passport (*front page only*)

Please complete this application form and send it via email to:

Mr. Saiful Bahrie  
Programme Coordinator  
Deputy Dean (Academic, International, Student Affairs and Alumni) Office  
Faculty of Human Ecology, Universiti Putra Malaysia  
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