



SABBATICAL PROGRAMME APPLICATION FORM

Affix
Passport
Size
Photo
Here

(3.5 cm x 5.0 cm)

With White background

- Research Internship
 Clinical Attachment Practical Training

Important : Application form to be submitted 3 months prior to attachment.

Instructions

- Answer all questions in sections 1-8.
- Fill out this form using your computer. Do not handwrite the information except for ticking boxes and signatures.
- All supporting documents must be submitted together with this application. Incomplete application will **NOT** be processed.
- Please send your application by **e-mail/mail** (through the International Office or Admissions Office of your home institution) to **ssarah@usm.my/nikizzati@usm.my**

SECTION 1 PERSONAL DETAIL

Name : _____ Date of Birth: _____
(According to Passport) day/month/year

Gender: Male Female Marital Status : _____

Country of Birth: _____ Citizenship: _____

Passport No.: _____ Expiry Date: _____

Mailing Address: _____

Zip Code: _____ State: _____ Country: _____

Tel No: _____ Fax No: _____
Country code Area code Local number Country code Area code Local number

E-mail: _____
Note: All correspondence regarding your application will be via e-mail. Ensure you have sufficient storage size in your mailbox. Please ensure your email address is printed clearly.

Emergency contact:

Name: _____ Relationship: _____

Tel No: _____ E-mail: _____
Country code Area code Local number

Address: _____

Zip Code: _____ State: _____ Country: _____

SECTION 2 ACADEMIC RECORD

Home Institution : _____

Institution Address: _____

Zip Code: _____ State: _____ Country: _____

Level of Study: 1 Undergraduate (Bachelor level)

2 Postgraduate (Master level)

3 Graduate (PhD level)

Year of Study: 1st 2nd 3rd 4th

Area of Specialization: _____

Academic Transcript:

Please provide an up-to-date certified Academic Transcript showing all the subjects attempted, grades achieved (including failures) and an explanation of the grading system. Applicants who submit transcripts in a language other than English must provide an officially certified translation.

SECTION 3 PROPOSED ATTACHMENT PLAN

Field: _____

Location of Attachment : _____

Duration: _____ months

Begins: _____
day/month/year

Ends: _____
day/month/year

Please attach a Recommendation Letter from your Research Supervisor or Academic Advisor of your home institution and any additional information which you consider relevant to your attachment in USM to support your application.

Supervisor Details:

Please provide details of the supervisor at your home institution.

Name: _____

School/Faculty: _____

Tel No: _____ E-mail: _____

Area of Specialisation: _____

If you have already contacted a supervisor at USM, please provide the supervisor's details.

Name: _____

School: _____

Tel No: _____ E-mail: _____

Area of Specialisation: _____

Attach a Letter of Confirmation from the school of your attachment as a proof of acceptance for intended attachment period in USM.

SECTION 4 FEE PAYMENT

Payment of fees can be made in USM only. Once the process is complete, please send a copy of the receipt to IMCC.

SECTION 5 ACCOMMODATION

Do you require on-campus housing request:

1 Yes 2 No

(Twin sharing room with a common bathroom. There is no fixed meal plan but cafeterias are available in each hostel)

SECTION 6 QUESTIONNAIRES

Why did you choose to do your attachment at USM? (Tick ✓ any 3)

- Academic reputation
 - Academic disciplines offered
 - Recommendation from USM agent or representative
 - Recommendation by study abroad advisor / staff at your home institution
 - Recommendation by other students / friends
 - Location of USM
 - Other (please specify)
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SECTION 7 CHECKLISTS

I hereby submit this application for the Student Attachment program and have attached all the following compulsory documents in support of the information provided:

- An up-to-date certified academic transcript (with translation if necessary)
- A letter from the student's current overseas university to prove that the applicant is enrolled as a full-time student
- A copy of the student's matriculation card
- A copy of insurance certificate (in English) if they not apply the visa in EMGS online.
- A Recommendation Letter from home institution's Research Supervisor or Academic Advisor.
- Supporting or Acceptance Letter from the USM School/Centre where you will be doing your attachment.
- Curriculum vitae
- A Research Proposal defining the field and rationale for the proposed research as well as a detailed methodology for conducting the research.
- A complete passport copy (front to back)
- Photograph (5.0cm x 3.5cm) with **WHITE** background (1)
- Nearest Malaysian Embassy to apply Entry Visa is at _____

**Applicant is not allowed to enter Malaysia without the Entry Visa (except some Commonwealth countries)*

Note: Please e-mail all the above documents to us together with this form.

SECTION 8 DECLARATION

I declare that all the information provided in this application form is true and complete in every detail.

I acknowledge that Universiti Sains Malaysia reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information.

I am aware of the conditions relating to my application and admission, and agree to pay all fees for which I am liable.

Signature: _____

Date: _____
day/month/year