

UNIVERSITI KUALA LUMPUR
APPLICATION FORM
UNIKL INTERNATIONAL BUDDIES

Please Insert
Current Photo

A. DETAILS OF STUDENT	
Full name as per I/C:	
Campus:	
Programme:	Level: Foundation/Diploma/Bachelor/Master
ID No. :	Mobile No. :
No. of semester to be completed:	Gender: Male/Female
Email Address:	
Current Address:	
<p>1. Do you prefer to be a Buddy for? <i>Tick (v) your preference (You can select more than one)</i></p> <p style="text-align: center;"> <input type="checkbox"/> Full Semester Mobility <input type="checkbox"/> Customized/Short Mobility Programme <input type="checkbox"/> Both </p> <p><i>Full-Semester Mobility Programme is a programme whereby a student from a Partner University is enrolled in UniKL, either for enrolling in subjects, doing internship or conducting a research/project with a minimum duration of one month to a maximum of two full semesters consecutively.</i></p> <p><i>Customized Short-Term Mobility Programme is a tailor-made programme based on request from Partner Universities. It usually involves a group of students undergoing a specific programme with a minimum duration of 5 activity days, until a maximum period of one month.</i></p> <p>1. For full semester mobility, which nationality do you prefer? (You can select more than one)</p> <p style="text-align: center;"> <input type="checkbox"/> All nationalities <input type="checkbox"/> Austria <input type="checkbox"/> Belgium <input type="checkbox"/> Denmark <input type="checkbox"/> France <input type="checkbox"/> Germany <input type="checkbox"/> India <input type="checkbox"/> Indonesia <input type="checkbox"/> Italy <input type="checkbox"/> Japan <input type="checkbox"/> Pakistan <input type="checkbox"/> Poland <input type="checkbox"/> South Korea <input type="checkbox"/> Spain <input type="checkbox"/> Others </p>	

B. ACADEMIC ACHIEVEMENT							
Sem	Sem/Year	GPA	CGPA	Sem	Sem/Year	GPA	CGPA
1				2			
3				4			
5				6			
7				8			

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C. RECOMMENDATION FROM CAMPUS INTERNATIONAL PARTNERSHIP HEAD OF SECTION/COORDINATOR

Recommended

Not Recommended

Remark (If any) : _____

Signature: _____

Name: _____

Date: _____

D. APPROVAL FROM UniKL INTERNATIONAL OFFICE

Approved

Not Approved

Remark (If any) : _____

Signature: _____

Name: _____

Date: _____