



## PUTRA BUSINESS SCHOOL

43400 UPM Serdang, Selangor

Malaysia

Tel: 603-8946 7441 Fax: 603-89421584

Email : studentcentre@putrabs.edu.my

Website: www.putrabusinessschool.edu.my

### APPLICATION FOR STUDY IN PUTRA BUSINESS SCHOOL (INBOUND – STUDENT EXCHANGE)

#### A. APPLICANT PERSONAL DETAILS

Name (Mr. / Mrs. / Ms.)			
Passport Number		Student Matric Number	
Date of Birth			
Place of Birth		Religion	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status
			<input type="checkbox"/> Married <input type="checkbox"/> Single
Citizenship/ Nationality			
Home Address			
State & Country		Postcode	
Email Address		Contact Number	

#### B. EDUCATION AT HOME UNIVERSITY

Does the University has MoU with Putra Business School?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current Home University (name & full address)			
Contact Number		Fax Number	
Email Address		University Website	
Degree Programme		Current Semester	
Current Result (CGPA)		Expected Year of Graduation	
Academic awards obtained (please specify name of award, organiser & date received):			

**C. OTHERS (CO-CURRICULUM ACTIVITIES / SPECIAL SKILLS)**

Co-curriculum Activities:
Special Skills :

**D. STUDY IN PUTRA BUSINESS SCHOOL**

Period of Study	Commencing from _____ to _____
Please specify your Research Project (if relevant)	
Transfer of credits required	<input type="checkbox"/> Yes <input type="checkbox"/> No Proposed courses to be taken: 1. _____ 2. _____ 3. _____ 4. _____

**E. FINANCE**

How would you intend to finance your programme?

  
  

Please specify details of sponsorship (Sponsoring Body/Institution/Association):

**F. 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
_____							

**G. INTER-OFFICE COMMUNICATION**

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

Name (Mr. / Mrs. / Ms.)			
Position			
Office/Department			
Correspondence Address			
Phone Number		Fax Number	
Email Address			

***I hereby declare that the information provided in this form is true.***

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

***NOTE: Please submit 4 current coloured photographs blue background (passport size) and a copy of your passport (front page only).***