

MINISTRY OF EDUCATION AND CULTURE UNIVERSITAS NEGERI MALANG (UM) OFFICE OF INTERNATIONAL AFFAIRS

Jalan Semarang No. 5, Malang 64145 Phone: +62 (0) 341 684759/ +62 (0) 341 551312 ext. 160 Lmail: olazzum ac.ld; Web; ola.um.ac.ld; um.ac.ld/en

Declaration

I, the undersigned below:	
Name	: thuynh - In - My LE
Place/Date of Birth	02/12/1997 (MM/DD/YYYY) - Sec Trang, Vielnom
Gender	- Female
Passport Number	10.915.4.33.2
Email	· lehuynhtumy@gmail_com
Mobile/Phone Number	184 394 971 075
Home Address	500/20 Cach Many Thong Tam Str. District 3, HCMC, Vietnam
Malang Address	: Universitas Negeri Malang II. Semarang No. 5 Malang

Affirm that

1. I will be obliged to regulation and laws in Indonesia.

2. I will also not do any paid jobs or political parties during my study at State University of Malang/

3. I will comply with administrative and academic rules established by State University of Malang/. Universitas Negeri Malang (UM).

4. I will not drive motorized vehicles during stay in Indonesia without authorized driving license. Any injuries caused by reckless driving or accident will not be covered by University

5. I will be responsible for my own passport and visa, I will also give my passport 2 (two) weeks before expiry date of my visa to OIA office of UM. And also I will cover all costs related to immigration matters, including overstay.

I hereby certify that the information provided in this application is co-rect and accurate. I acknowledge that any incorrect or incomplete info mation will render this application and may result in cancellation of my offer and/or my enrolment. I understand that State University of Malang/ Universitas Negeri Malang (UM) reserves the right to vary or reverse any decision regarding admission and enrolment made on the basis of incorrect or incomplete information.

Date 01/05/2020 (dd/mm/yy)