

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

Jalan Semarang No. 5, Malang 65145 Phone: +62 (0) 341 684759/ +62 (0) 341 551312 ext. 160 Email: oia@um.ac.id; Web: oia.um.ac.id; um.ac.id/en

Declaration

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I.	the	undersigned	below:

Name :Moldir Bakhytbek

Place/Date of Birth : Kazakhstan/21.08.1999

Gender : Female

Passport Number :10758239

Email :b.molliee21@gmail.com

Mobile/Phone Number :+77072312901

Home Address :Kobeev 5 str. N25F7G2

Malang Address : Universitas Negeri Malang Jl. 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/ *Universitas Negeri Malang (UM)*.
- 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 correct and accurate. I acknowledge that any incorrect or incomplete information 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 _30/0 (dd/mm/yy		 	
Signature	M. Pary		
Moldir Bak			