

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

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## Declaration

| i, the undersigned below: |  |
|---------------------------|--|
| Name                      | DOAN MINH TRI  |
| Place/Date of Birth       | : Bush Duage Plavince - 0.8/01/2001                      |
| Gender                    | : Male   |
| Passport Number           | C9014114   |
| Email                     | : danminhts: 8183. @gmail.com                            |
| Mobile/Phone Number       | (4 84) 34 9609 257                                       |
| Home Address              | . 122/6 than duh xu street, district 1, He Chi Minh City |
| Malang Address            | : Universitas Negeri Malang Jl. Semarang No. 5 Malang    |
| Affirm that               |  |

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

I will also not do any paid jobs or political parties during my study at State University of Malang/ Universitas Negeri Malang (UM).

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

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

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.

(dd/mm/yy)

Signature

(full name)