

\_Lam Thi Ha My\_\_\_\_

(full name)

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

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## **Declaration**

I, the undersigned below:	
Name	: Lam Thi Ha My
Place/Date of Birth	: Kim Thu Commune, Thanh Oai District, Hanoi Vietnam / Octorber 14 <sup>th</sup> ,1999
Gender	: Female
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Home Address	: No 138, Kim Thu Commune, Thanh Oai District, Hanoi Vietnam
Malang Address	: Universitas Negeri Malang Jl. Semarang No. 5 Malang
Affirm that	
<ol> <li>I will be obliged to regulation and laws in Indonesia.</li> <li>I will also not do any paid jobs or political parties during my study at State University of Malang/Universitas Negeri Malang (UM).</li> <li>I will comply with administrative and academic rules established by State University of Malang/Universitas Negeri Malang (UM).</li> <li>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</li> <li>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.</li> <li>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.</li> </ol> Date1/5/2020	