

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

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Declaration

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Name : Nang Mo Saing Hwam

Place/Date of Birth : Northern Shan State, Myanmar / 28 May 1996

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Malang Address : Universitas Negeri Malang Jl. Semarang No. 5 Malang

Affirm that

- 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
- 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 _____29, 4, 2020 (dd/mm/yy)

Signature

Nang Mo Saing Hwam

(full name)