

Signature

Cu Thi Kien My

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Declaration

I, the undersigned below:	
Name	: .CU THI KIEU MY
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Affirm that	
 I will also not do Negeri Malang (I will comply wit Negeri Malang (I will not drive n caused by reckles I will be responsi 	th administrative and academic rules established by State University of Malang/ Universitation
incorrect or incomplete in enrolment. I understand the	information provided in this application is correct and accurate. I acknowledge that any aformation will render this application and may result in cancellation of my offer and/or my hat State University of Malang/ <i>Universitas Negeri Malang (UM)</i> reserves the right to vary garding admission and enrolment made on the basis of incorrect or incomplete information.
Date19/04/20(dd/mm/yy)	