

## 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**

I, the undersigned below:

Name

: EBRAHEM AHMED ALI

Place/Date of Birth

: SANA'A - YEM, 31/07/1997

Gender

: MALE

Passport Number

: 07134146

**Email** 

: Ebrahimawadh1997@gmail.com

Mobile/Phone Number

: 085314695336

Home Address

: Garut -Pondok Darussalam

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 2 April 2020

Signature

EBRAHEM AHMED ALI AWADH