

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

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## **Declaration**

I, the undersigned below:	
Name	: PHAM PHÔT MHUL
Place/Date of Birth	: Allgust, 31 st, 1999
Gender	: Female
Passport Number	:
Email	: phamphainhu @ gmail. com.
Mobile/Phone Number	:
Home Address	:
Malang Address	: Universitas Negeri Malang Jl. Semarang No. 5 Malang
Affirm that	
<ol> <li>I will also not do Negeri Malang</li> <li>I will comply win Negeri Malang</li> <li>I will not drive in caused by reckles</li> <li>I will be response</li> </ol>	th administrative and academic rules established by State University of Malang/ University

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 05/01/2020 (dd/mm/yy)

overstay.

Signature

tham (full name)