

_Do Thu Thuy_____

(full name)

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	: Do Thu Thuy
Place/Date of Birth	: 13/04/1996
Gender	: .Female
Passport Number	: C6593532
Email	: thuy.dothu96@gmail.com
Mobile/Phone Number	: 84865446354
Home Address	: Hoang Cong Chat Street, Phu Dien, Bac Tu Liem, Hanoi, Vietnam
Malang Address	: Universitas Negeri Malang Jl. Semarang No. 5 Malang
Affirm that	
 I will be obliged to regulation and laws in Indonesia. I will also not do any paid jobs or political parties during my study at State University of Malang/ Universitas Negeri Malang (UM). I will comply with administrative and academic rules established by State University of Malang/ Universitas Negeri Malang (UM). 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. 	
(dd/mm/yy)	
Signature	