



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

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## Declaration

I, the undersigned below:

Name : Dina Arafa Ahmed Mohamed Shabayek

Place/Date of Birth : 3 Jan 1993, Egypt.

Gender : Female

Passport Number : A21162077

Email : dina7258@gmail.com

Mobile/Phone Number : +6282213343187

Home Address : Dramaga, Bogor, Indonesia.

Malang Address : Universitas Negeri Malang (UM)

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: 13 /03/ 2020

Signature

Dina Arafa Ahmed Mohamed Shabayek  
(full name)