



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 : **ALI RAZA**

Place/Date of Birth : **FAISALABAD, 01/01/1992**

Gender : **MALE**

Passport Number : **QW9898511**

Email : **aliraza8280@gmail.com**

Mobile/Phone Number : **+6288217729243**

Home Address : **G4/26 Jalan kalisari, Dhrama X Pakuwon City Surabaya**

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 **24-04-2020**
(dd/mm/yy)

Signature

Ali Raza

(full name)