

I, the undersigned below:

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

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Declaration

Name	: NGUYEN THI KIM TIEN	
Place/Date of Birth	: 25_02_1996	
Gender	: Female	
Passport Number	:	
Email	: Kimti 0225 @ gmail com	
Mobile/Phone Number	: + 84 929 538 110	
Home Address	: 181 Cao Thang Str., 12 Ward, 10 District, HCMC	
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 <u>12 10 4 | 2090</u> (dd/mm/yy)

Signature

Mayen The Kun Tun (full name)