

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

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## **Declaration**

I, the undersigned below:

Name : VO HONG PHUNG

Place/Date of Birth : TRA VINH, VIETNAM, Date: 01/01/1998

Gender : .Female

Passport Number : C2749075

Email : hongphunghg1@gmail.com

Mobile/Phone Number : +84 933 705 258

Home Address : 40 Nguyen Trung Truc, Sa Binh hamlet, Long Duc commune, Tra Vinh city, Vietnam

Mailing Address : 484 Le Van Viet, Tang Nhon Phu A ward, district 9, Ho Chi Minh city, Vietnam

## 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 26/04/2020 (dd/mm/yy)

Signature

Vo Hong Phung