

Name

I, the undersigned below:

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

· VU THI TRANG

Declaration

Place/Date of Birth	: Netram, 27/08/1998	
Gender	: Female	
Passport Number	. C6769035	
Email	trangtru 1998 @ gnail com	
Mobile/Phone Number	· F84035 904 0364	
Home Address	. I Pham Van Dong street, Can Gray distric, Hanor	
Malang Address	: Universitas Negeri Malang Jl. Semarang No. 5 Malang	
Affirm that		
2. I will also not do Negeri Malang 3. I will comply w Negeri Malang 4. I will not drive caused by reckly	th administrative and academic rules established by State University of Malang/ Univers UM). notorized vehicles during stay in Indonesia without authorized driving license. Any injures driving or accident will not be covered by University	sitas uries
5. I will be respon	ible for my own passport and visa, I will also give my passport 2 (two) weeks before ex	piry

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 of my visa to OIA office of UM. And also I will cover all costs related to immigration matters, including

Date <u>01/05 | **2020**</u> (dd/mm/yy)

overstay.

Signature

Vu the Large