

University Malaya AUN-DPPnet SCHOLARSHIP FORM

Funded by The Nippon Foundation, Japan

A PERSONAL INFORMATION

FIRST NAME	<input type="text"/>					
LAST NAME	<input type="text"/>					
GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Day	Month	Year
MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCE			
IDENTITY CARD / PASSPORT NO.	<input type="text"/>		NATIONALITY	<input type="text"/>		
			EXPIRY DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Day	Month	Year

B CONTACT INFORMATION

ADDRESS	<input type="text"/>					
NO & STREET	<input type="text"/>					
CITY	<input type="text"/>					
POSTCODE	<input type="text"/>	COUNTRY	<input type="text"/>			
PHONE. NO	<input type="text"/>	MOBILE. NO	<input type="text"/>			
EMAIL	<input type="text"/>					

C PROPOSED COURSE / PROGRAM

COURSE'S NAME *	<input type="text"/>					
	By Research		<input type="checkbox"/>	By Coursework		<input type="checkbox"/>
UNIVERSITY **	<input type="text"/>					
FACULTY / DEPARTMENT	<input type="text"/>					
COURSE'S FEE	<input type="text"/>	HAVE YOU RECEIVE THE OFFER LETTER	YES	<input type="checkbox"/>		
COMMENCEMENT DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	(If Yes, Please Attach a Copy of the Offer Letter and MUST be in English)	NO	<input type="checkbox"/>
	Day	Month	Year			
MINIMUM COURSE DURATION	<input type="text"/>					

* Courses have to be on Public Policy or Related

** Universities have to be ASEAN University Network Members

D EMPLOYMENT, ACADEMIC & EXTRA CURRICULAR DETAILS

BACHELOR'S DEGREE CONFERRED	
UNIVERSITY	
YEAR GRADUATED	
CGPA*	
ENGLISH PROFICIENCY*	

EMPLOYMENT EXPERIENCE

		Year Start	Year End
POSITION			

POSITION OF RESPONSIBILITIES

UNIVERSITY		Year Start	Year End
POSITION			

COMMUNITY		Year Start	Year End
POSITION			

SCHOOL		Year Start	Year End
POSITION			

AWARDS RECEIVED

	Year

PERSONAL INTEREST

* Please attach the attested copy of the academic transcript, test score, and certificates along with the application form. Please ensure the copies are legible and translated in English

E DISABILITY INFORMATION & SUPPORT FOR APPLICANTS

Please indicate which of the following groups you identify with /

Please tick more than one if necessary

<input type="checkbox"/>	DEAF	<input type="checkbox"/>	SPEECH	<input type="checkbox"/>	HEARING	<input type="checkbox"/>	MEDICAL
<input type="checkbox"/>	BLIND	<input type="checkbox"/>	MOBILITY	<input type="checkbox"/>	VISION	<input type="checkbox"/>	OTHER
							<input type="text"/>

Please describe how your disability, impairment or medical condition affect your life *

Please describe any support that you require eg. Personal assistant, wheel chair access, a portable hearing loop, note taker, braille electronic format **

** Please attach with the application form, a medical report by a certified / professional medical practitioner highlighting form of disability and fitness of health to undertake the program. Report MUST be in English*

F PRIVACY STATEMENT

The information requested in this application form and your academic record will be used solely for the purpose of assessing your application for the AUN DPPnet Scholarship.

The AUN-DPPnet undertakes to store in secure place in the event that you are successful in gaining a scholarship. The AUN-DPPnet will endeavour to destroy your application and preserve confidentiality in the event you are unsuccessful. Reference by third parties relating to your application are confidential and you will not be permitted to access these reports.

G DECLARATION

I have read and understood the privacy statement above and agree to its conditions.

I confirm that the essay provided is original and written by me.

I confirm that all the information supplied and attached to this form is true and correct

Applicant's Name

Applicant's Signature

Date

Day

Month

Year

H CHECKLIST

Completed Form

Attached Copy of University Offer Letter

Attached Copy of Attested Transcripts and Certificate

Attached CV and Resume

Attached 1000 Words Essay

Medical Report by a Registered Medical Practitioner

Attached Supporting Letters from Employer and Previous Institutions

Send Application by

Post | AUN-DPPnet Level 8, Mercu Alam Bina,
Jalan Lingkungan Budi, Universiti Malaya,
50603 Kuala Lumpur, Malaysia

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