## PERMISSION TO TRAVEL (OVERSEAS) FORM

To be completed by student and submitted to the Office of the Deputy Vice-Chancellor (Academic & International) NOT LESS THAN 21 DAYS before the travel date. Note: Details must be keyed in and not handwritten.



To: Associate Vice-Chancellor (International) Office of the Deputy Vice-Chancellor (Academic & International) Level 9, Chancellery Universiti Malaya 50603 Kuala Lumpur, MALAYSIA Tel: 03-79677928/7929/7930 Fax: 03-79572314 Email: pnca@um.edu.my

Name of Applicant										Sex	F	м
Please indicate title (eg.	Dr.)									OCA		
Matric No.	,					Unde	ergradua	te	M	aster		PhD
IC No. (Malaysian)				<b>sport N</b> n-Malays					Citize	nship		
Department					Faculty Institut	y/Acad te/Cen	demy/ htre					
Contact Details	Office				HP				Email			
*Title of Activity/ Event												
*Venue:							*Country	у				
*Reason for Travel												
	*Please atta	ach supp	orting d	ocument	s (Letter	of invit	tation, etc)	)				
Travelling Period	Start Date	•					End [	Date				
Source of financial assistance for the visit	Uni	versity		Faculty	/	Res Gra	search ant		Spon	sorship		Othe
		Account (if from Ur		Faculty/Gr	ant)	_			e of Sp rs (if ar	onsor: ıy):		_

Declaration:

I hereby declare that all information herein provided is correct and understand that the University reserves the right to decline the application if the information is found to be false. With this approval, I acknowledge that I MUST purchase my own travel insurance (either for domestic or overseas travel) before I travel.

Signature (Applicant)

Remarks by Deputy Dean (Undergraduate/Postgraduate):

Signature

Name

**Official Stamp** 

Date

Signature

Name

**Official Stamp** 

Date

## RECOMMENDATION BY THE DEAN/DIRECTOR (FACULTY/ACADEMY/INSTITUTE/CENTRE)

Signature

Name

**Official Stamp** 

Date

FOR OFFICE OF THE DEPUTY VICE-CHANCELLOR (ACADEMIC & INTERNATIONAL) USE

Approval by:

Approved

Not	approved

Reason:

Associate Vice-Chancellor (International)

Name

**Official stamp** 

Date