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.



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. D	or.)			_		Г	7				
Matric No.				Unde	ergraduat	ie	Mast	er		PhD	
IC No. (Malaysian)			oort No. Malaysian)				Citizen	ship			
Department				ılty/Aca tute/Cer							
Contact Details	Office HP				Email						
*Title of Activity/ Event							Catego	ry of E	vent		
*Venue: *Country						T	eg. Confe Fraining, Exchange	Short/L e, Clinio	ong T	erm	t,
Country							nternshi	p, etc			
*Reason for Travel	Estimated Participation Cost (All-in)					ation					
						F	RM				
	*Please attach sup	porting doc	uments (Let	ter of invi	itation, etc)	 					
Travelling Period	Start Date				End Dat	e					
Source of financial assistance for the visit	University		aculty		search ant		Sponse	orship		Othe	ers
		Jniversity/Fac	culty/Grant)				of Spor				
Declaration: I hereby declare that all into decline the application purchase my own travel in	if the information	is found t	o be false.	With th	nis approv	al, I a	acknow				
Signature (Applicant)											
Name											
Date											

Remarks by Student's Supervisor:	Remarks by Deputy Dean (Undergraduate/Postgraduate):
Signature	Signature
Name	Name
Official Stamp	Official Stamp
Date	Date
RECOMMENDATION BY THE DEAN/DIRE	ECTOR (FACULTY/ACADEMY/INSTITUTE/CENTRE)
Oliverature.	
Signature	
Name	
Official Stamp	
Date	
FOR OFFICE OF THE DEPUTY VICE-CHA	NCELLOR (ACADEMIC & INTERNATIONAL) USE
Approval by:	
Approved	Not approved
	Reason:
Associate Vice-Chancellor (International)	
Name	
Official stamp	
Date	

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Letter of Undertaking and Indemnity due to uncertainties of the Covid-19 Pandemic

I,	(Name of the Applicant)
(M	atric No.) hereby agree that I will take full responsibilities to comply with
directives issued by the Nat	ional Security Council (NSC) and Ministry of Health (MOH) Malaysia from time
to time, as well as the relat	ed travel guidelines to affected countries before travelling. I will strictly follow
the Standard Operating Pro	ocedure (SOP) set by the Malaysian Government upon returning to Malaysia
will be FULLY RESPONSIE	BLE to take any risk and to cover any expenses that may arise at my own cost
where applicable at both th	e host and home country. I release Universiti Malaya and its employee from
any and all claims or liability	y arising out of this participation.
Signature	Date
[for Undergraduate stude	
I,	(Parents/Guardian)
(NRIC. No/Passport No.)	parents/guardian of
(Name of the Applicant)	agree on her/his participation in the program.
I understand that participati	on by (Name of the Applicant)
	of risk. I have carefully considered the risk involved and give consent for a program. I understand that participation in the program is entirely voluntary
	o abide by applicable directives, rules and standards of conduct set by the elease Universiti Malaya and its employee from any and all claims or liability on.
Malaysian Government. I re	elease Universiti Malaya and its employee from any and all claims or liability