



GLOBAL MOBILITY APPLICATION FORM (INBOUND)

A. PERSONAL DETAILS

***PLEASE FILL IN THE FORM BY TYPING THE DETAILS.**

Surname:

Forenames:

Full name (as stated in passport):

Nationality: Passport number:

Gender: Male Female Date of Birth:

Contact number (home):

Contact number (mobile):

Email:

Address:

Postcode: Country:

B. EMERGENCY CONTACT

Full name:

Title: Mr Ms Email:

Contact Number: Relationship:

C. ACADEMIC DETAILS AT HOME INSTITUTION

Home Institution:

Country of Home Institution:

Programme Enrolled:

Date of Programme
Commencement at Home
Institution:

Date of Graduation:

D. STUDENT EXCHANGE PROGRAMME AT TAYLOR'S UNIVERSITY

Semester of Study: April 2025 September 2025

Duration of Exchange Semester: 1 semester 2 semesters 2 semesters (exchange + internship)

Programme Selection at Taylor's University:

<input type="checkbox"/> Bachelor of Business (Honours) in International Business & Marketing
<input type="checkbox"/> Bachelor of Business (Honours)
<input type="checkbox"/> Bachelor of Finance & Economics (Honours)
<input type="checkbox"/> Bachelor of Laws (Honours)
<input type="checkbox"/> Bachelor of Mass Communication (Honours)
<input type="checkbox"/> Bachelor of Performing Arts (Honours)
<input type="checkbox"/> Bachelor of Education (Honours)
<input type="checkbox"/> Bachelor of International Hospitality Management (Honours)
<input type="checkbox"/> Bachelor of International Events Management (Honours)
<input type="checkbox"/> Bachelor of International Tourism Management (Honours)
<input type="checkbox"/> Bachelor of Science (Honours) in Culinary Management
<input type="checkbox"/> Bachelor of Culinary Management (Honours)
<input type="checkbox"/> Bachelor of Patisserie Arts (Honours)
<input type="checkbox"/> Bachelor of Design (Honours) in Creative Media

<input type="checkbox"/> Bachelor of Information Technology (Honours)
<input type="checkbox"/> Bachelor of Computer Science (Honours)
<input type="checkbox"/> Bachelor of Software Engineering (Honours)
<input type="checkbox"/> Bachelor of Quantity Surveying (Honours)
<input type="checkbox"/> Bachelor of Science (Honours) in Architecture
<input type="checkbox"/> Bachelor of Electrical & Electronic Engineering with Honours
<input type="checkbox"/> Bachelor of Mechanical Engineering with Honours
<input type="checkbox"/> Bachelor of Chemical Engineering with Honours
<input type="checkbox"/> Bachelor of Biomedical Science (Honours)
<input type="checkbox"/> Bachelor of Biotechnology (Honours)
<input type="checkbox"/> Bachelor of Food Science (Honours)
<input type="checkbox"/> Bachelor of Psychology (Honours)

E. HEALTH

Do you have any medical/ physical condition Yes No

Please give details about your condition/ and or medication: _____

**Please upload a medical report from your doctor (not later than 6 months and in English language)*

F. DECLARATION

I declare that the information contained in this application and the accompanying documentation is true, accurate and correct, to the best of my understanding. By signing and returning this application form, I consent to Taylor's University obtaining, keeping, using and producing information relating to my application for the purpose of participating in the Student Exchange Programme.

If it is found that any of the information provided in my application is false or if I have knowingly concealed any fact which could materially affect the decision surrounding my participation, I understand my name will be withdrawn as a participant.

I also authorize Taylor's University to make the necessary relevant enquiries to verify my application and should I be approved for this programme, I shall provide the requisite information to Taylor's University for the purposes of facilitating my participation.

I hereby acknowledge and agree to be bound by the following condition of participation in the Student Exchange Programme.

- To all times, adhere by Taylor's University student code of conduct and abide by all rules, regulations, policies, and procedures currently in force.
- To absolve Taylor's University from all loss, injury, damage and sickness arising which I may incur as a result of participating in the programme either directly or indirectly.
- To authorize Taylor's University, in the event of emergency, to divulge my personal information to my next-of-kin and/or nominated persons and authorize the host institution to be the recipient of such information, for the purposes of ensuring my access to support and treatment.

I consent to: (Please tick)

the collection and processing of my personal data (as defined in the Personal Data Protection Act 2010) by Taylor's University to assess my application and to be shared from time to time with Home Universities, Government Authorities, relevant Embassies, Taylor's appointed third party agents as per the privacy policy. See privacy policy in <https://university.taylors.edu.my/privacy-policy.html>). The consent provided is for unlimited period until revoked.

to allow Taylor's University to use my details, photos, videos, testimonials in their marketing, promotional materials, website, flyers and brochures and within Taylor's Education Group.

Signature

Date

G. CHECKLIST

Upload the documents below to: <https://bit.ly/Inbound2025>

OFFICE USE ONLY

- | | |
|--|--------------------------|
| <input type="checkbox"/> Duly filled Global Mobility Application Form. | <input type="checkbox"/> |
| <input type="checkbox"/> Copy of passport profile page. | <input type="checkbox"/> |
| <input type="checkbox"/> Academic Transcripts with grading systems in English or translated into English with certified true copy stamp from your Home University. | <input type="checkbox"/> |
| <input type="checkbox"/> Evidence of English Language Proficiency or Verification Letter from Home Institution equivalent to IELTS 5.5, TOEFL iBT 46. | <input type="checkbox"/> |
| <input type="checkbox"/> Taylor's University Module Registration Form. | <input type="checkbox"/> |
| <input type="checkbox"/> Professionally taken passport sized photograph with WHITE background. | <input type="checkbox"/> |
| <input type="checkbox"/> Affidavit Letter | <input type="checkbox"/> |
| <input type="checkbox"/> Supporting Letter from Medical Practitioner (if you have any medical condition) | <input type="checkbox"/> |

FOR OFFICE USE ONLY

Programme Code: _____

Complimentary Study: _____

Category: Student Exchange Study Abroad

Remarks: _____
