UNIVERSITY OF MALAYA

AUN DPP net

THE NIPPON FOUNDATION

Passport Size Photo

University of Malaya AUN-DPPnet

SCHOLARSHIP FORM

Funded by The Nippon Foundation, Japan

A PERSONAL INFORMATION

FIRST NAME

LAST NAME

GENDER ☐ MALE ☐ FEMALE DATE OF BIRTH ☐ Day ☐ Month ☐ Year

MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ DIVORCE

IDENTITY CARD / PASSPORT NO.

NATIONALITY

EXPIRY DATE ☐ Day ☐ Month ☐ Year

B CONTACT INFORMATION

ADDRESS

NO & STREET

CITY

POSTCODE COUNTRY

PHONE. NO MOBILE. NO

EMAIL

C PROPOSED COURSE / PROGRAM

COURSE'S NAME *

By Research ☐ *By Coursework* ☐

UNIVERSITY **

FACULTY / DEPARTMENT

COURSE'S FEE

HAVE YOU RECEIVE THE OFFER LETTER *YES* ☐

*(If Yes, Please Attach a Copy of the Offer Letter and **MUST** be in English)* *NO* ☐

COMMENCEMENT DATE ☐ Day ☐ Month ☐ Year

MINIMUM COURSE DURATION

** 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

		Year Start	*Year End*
UNIVERSITY			
POSITION			
COMMUNITY			
POSITION			
SCHOOL			
POSITION			

AWARDS RECEIVED

	Year

PERSONAL INTEREST

** Please attach the attested copy of the academic transcript, test score, and certificates along with the application form. Pleasure 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

☐ DEAF ☐ SPEECH ☐ HEARING ☐ MEDICAL

☐ BLIND ☐ MOBILITY ☐ VISION

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. Refernce 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 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
- ☐ Medical Report by a Registered Medical Practitioner
- ☐ Attached Supporting Letters from Employer and Previous Institutions
- ☐ 600 Words Essay About Working Experience

Send Application by

Post | SECRETARIAT OFFICE
AUN-DPPnet
ASEAN University Network
Disability and Public Policy
Level 8, Mercu Alam Bina,
Faculty of Built Environment,
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