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#LAMPIRAN A  
FPU 52/2017

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APPLICATION FOR ADMISSION AS A CLINICAL/RESEARCH ELECTIVE STUDENT

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**INSTRUCTION :**

1. Applications (FPU 52/2017) must be submitted at least **6 months prior to the date of the elective posting** and returned to the Principal Assistant Registrar (Undergraduate Program) at the above address.
2. Your application must be accompanied by a **confidential supporting statement** from the Dean's Office or Registrar of your medical school. Please provide the name, position and contact details of the Dean or the representative of the Dean of your medical school in your application. Faculty of Medicine (FOM) will contact your medical school for the supporting statement. While the supporting statement is confidential, you will need to inform your medical school regarding your application and that FOM will contact your medical school once you have submitted a complete application form.
3. The duration allowed for each posting is as follows:
  - (1) Minimum : 2 - 4 weeks (one clinical discipline only)
  - (2) Maximum : 6 - 8 weeks (one or two clinical discipline/s only)
4. Your application will be processed and if you are successful, an offer letter will be send to you via email. This process may take up to 8 weeks. You may contact us at email: [fomelective@ummc.edu.my](mailto:fomelective@ummc.edu.my) for any queries.
5. While all efforts to accommodate your request would be made, the Faculty reserves the right to change your clinical elective posting (before or after obtaining the offer letter) or deny your request for an elective placement.

6. Fees (as below) are to be paid **within 30 days from the date of the offer letter**. Methods of payment will be informed in the offer letter.

Item	Malaysians	Non-Malaysians*
Processing and Registration Fees	RM80.00	USD40.00
Student Card	RM20.00	USD10.00
Elective Fees		
For 2 to 4 weeks	RM500.00	USD450.00
For 5 to 8 weeks	RM700.00	USD650.00
<b>TOTAL</b>		
<b>For 2 to 4 weeks</b>	<b>RM600.00</b>	<b>USD500.00</b>
<b>For 5 to 8 weeks</b>	<b>RM800.00</b>	<b>USD700.00</b>

\* Fees will be converted and charged in Malaysian Ringgit (RM)

7. Accommodation is not provided. If accommodation is required, please write to:

The Master  
 First Residential College  
 (Tuanku Abdul Rahman)  
 University of Malaya  
 50603 Kuala Lumpur  
 MALAYSIA  
 Tel: 603-79673415  
 Fax: 603-79566117  
 Email: diladan@um.edu.my

The Master  
 Second Residential College  
 (Tuanku Bahiyah)  
 University of Malaya  
 50603 Kuala Lumpur  
 MALAYSIA  
 Tel: 603-79673416  
 Fax: 603-79561608  
 Email: kolej2@um.edu.my

The Master  
 Sixth Residential College  
 (Ibnu Sina)  
 University of Malaya  
 50603 Kuala Lumpur  
 MALAYSIA  
 Tel: 603-79674977/ 603-79492740  
 Fax: 603-79567306  
 Email: kasmah@um.edu.my

The Master  
 Tenth Residential College  
 (Tun Ahmad Zaidi)  
 University of Malaya  
 50603 Kuala Lumpur  
 MALAYSIA  
 Tel: 603-79673385  
 Fax: 603-76250513  
 Email: kolej10@um.edu.my

University Malaya International House (IH)  
 Jalan 17/2, Section 17  
 46400 Petaling Jaya  
 Selangor Darul Ehsan  
 Tel : +603-79677702  
 Fax : +603-79677733  
 Email: kaybariah@um.edu.my

8. You must submit a health insurance in your name upon registration. It should cover the duration of your elective period.

9. To ensure your application is complete and will be processed, please use the checklist below:

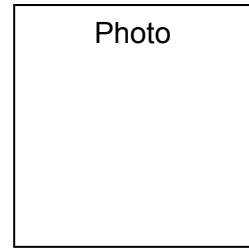
(1) Upon application:

- a) Submit form FRU 52/2017. To provide name, position and contact details of the Dean or representative of the Dean of your Medical School.
- b) To inform your medical school regarding your application and that FOM will contact your Medical School for a confidential supporting statement.

(2) 30 days upon receiving the offer letter:

- a) Pay the allotted fees. Methods of payment are as shown in offer letter.
- b) Submit a health and travel insurance applicable in Malaysia in your name, covering the duration of your elective period.

**1. PARTICULARS OF APPLICANT**



1.1 Name : Mr/ Miss / Mrs

\_\_\_\_\_  
(Capital letters)

1.2 Identification Card/ Passport No: \_\_\_\_\_

1.3 Age: \_\_\_\_\_ 1.4 Date of Birth : \_\_\_\_\_

Sex: \_\_\_\_\_ 1.6 Citizenship : \_\_\_\_\_

17 Postal Address:  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No : \_\_\_\_\_

Facsimile No : \_\_\_\_\_

Email Address : \_\_\_\_\_

1.8 Address in Malaysia (if available):  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No : \_\_\_\_\_

1.9 Next-of-kin (Name & Relationship) : \_\_\_\_\_

1.10 Address of next-of-kin:  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No : \_\_\_\_\_

1.11 Person(s) to be notified in case of emergency (Please provide name, relationship, address and telephone no)

	<u>In Home Country</u>	<u>In Malaysia</u>
Name		
Relationship		
Telephone No		

**2. BACKGROUND OF MEDICAL EDUCATION**

2.1 Name of your medical school : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone No : \_\_\_\_\_

Facsimile No : \_\_\_\_\_

Name of Dean/Registrar : \_\_\_\_\_

Email Address of Dean/Registrar : \_\_\_\_\_

2.2 Duration of the undergraduate medical programme at your medical school  
\_\_\_\_\_

2.3 Date of enrolment to the medical school : \_\_\_\_\_

2.4 Year of study during the proposed elective posting period :  
\_\_\_\_\_

2.5 Duration of clinical studies completed at the start of the elective posting.  
\_\_\_\_\_

2.6 Please give brief details of the medical studies you have/would have completed at the start of your elective posting.

Subject / clinical posting	Date started	Date completed	Grade/Result

(Please use appendix if table above is insufficient)

2.7 Language proficiency ( please √ in the appropriate box )

LANGUAGE	SPOKEN				WRITTEN			
	Good	Adequate	Week	None	Good	Adequate	Week	none
MALAY								
ENGLISH								

**3. DETAILS OF ELECTIVE REQUESTED**

3.1 Dates of elective posting requested :  
from \_\_\_\_\_ to \_\_\_\_\_ ( \_\_\_\_\_ weeks )

3.2 Elective you wish to do :

Clinical ( )

Research ( )

3.3 Posting(s) requested (Indicate one or two alternative options)

NOTE : The duration allowed for each posting as below

Minimum : 2 - 4 weeks (one discipline only)  
Maximum : 6 - 8 weeks (one or two discipline/s only)

	Posting/Department	Date Started	Date Completed
PRIORITY			
ALTERNATIVE			

3.4 Have you approach any department / unit in FOM?

Yes ( ) Indicate the department/unit : \_\_\_\_\_  
No ( )

3.5 I affirm that all information given is correct. I am fully aware that the University of Malaya reserves the right to reject this application, withdraw an offer of admission or direct the student to leave the University, if at any stage it is found that the information given is false.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature