# ISMP Form (International Student Mobility Program)

1. Personal Information:

First Name: Family Name:

Passport No.: Place of Birth: Date of Birth:

Nationality:

Gender: 🌕Female 🌕Male

Marital Status: 🌕Single 🌕Married

1. Contact Information:

Address:

Landline: Cell phone No.: Email:

1. Current Educational Status

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Degree | Major/Field of Study | Country | City | Name of University | Entry Date | Expected Graduation Date |
| Bsc/BA |  |  |  |  |  |  |
| Msc/Ma |  |  |  |  |  |  |
| PhD |  |  |  |  |  |  |

1. Occupation Background

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Company/Institute | Organizational Unit | Type of Responsibility | Country/ City | Date of Start | Date of Termination | Address | Telephone No. |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**In case you have companions,**

A) Personal Information:

First Name: Family Name:

Pass No.: Place of Birth: Date of Birth:

Nationality:

Gender: 🌕Female 🌕Male

B) Contact Information:

Address:

Landline:

Cell phone No.:

Email:

C) Relation with the applicant

D) Intended duration of stay

**Required Documents for International Student Mobility:**

1. A completed copy of this application form with an attached photo of the applicant
2. Educational and research records
3. Research proposal (in case the mobility intends for research at FUM)
4. Photos of all passport pages for the applicant and all companions
5. Health insurance for the applicant and all companions

**Declaration**

I hereby confirm that the above information is true and in case of any discrepancy, FUM will have all the right to take any necessary action.

Applicant's Full Name: Signature and Date: