UNIVERSITI GEOMATIKA MALAYSIA
DU059(W)

UNIVERSITI GEOMATIKA MALAYSIA
International Student Office,
D-2-12, Setiawangsa Business Suites,
Jalan Setiawangsa 11, Taman Setiawangsa
54200 Kuala Lumpur, Malaysia
Tel : +603-4265 5308 / +603-4265 7097
Fax: +603-4260 3559
Email: inso@geomatika.edu.my
Website: www.geomatika.edu.my

PASSPORT COLLECTION FORM

I (Mr/Mrs/Mdm) _____ hereby declared that I have received my Passport No , _____ from University of Geomatika Malaysia for processing my application.

_____ _____/_____/_____ _____

Officer Signature Date Finance Department

_____
Passport Owner Signature
Collection Date:

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PERSONAL GUARANTEE FORM

NAME : _____

PASSPORT NO :_____

PHONE NO :_____

PROGRAM :_____

EMAIL :_____

ADDRESS :_____

1. I hereby provide the above information and confirm that I have understood the University policies and Immigration regulations in Malaysia. The University reserves the right to take any necessary action against me.
2. I agree that the University has the right to take necessary action against me if I fail to fulfill my 80% attendance in class without giving any prior notice to the University.
3. I agree that the University has every right to charge me if I violate any of the Immigration rules while I am a student in this University and Immigration's decision on my breaching Immigration.
4. I agree that I will submit my passport a month before the expiry date of the current visa or my student pass renewal to the University.
5. I fully understand and accept all other conditions as stated in the OFFER LETTER ADMISSION BOOKLET AND APPENDICES.

_____ _____

Student Name: Witness's Name: