

## INTERNATIONAL STUDENT ARRIVAL FORM MALAYSIAN COOPERATIVE ENTREPRENEURSHIP UNIVERSITY (MCEU)

| Personal Information: |
|-----------------------|
| Full Name:            |
| I.C/Passport No.:     |
| VAL/SEV Ref.No.:      |
| Insurance Policy No:  |
| Date of Birth:        |
| Citizenship:          |
|                       |
| Contact Information:  |
| Email:                |
| Phone No.:            |
|                       |
| Emergency Contact:    |
| Name:                 |
| Relationship:         |
| Phone No.:            |
|                       |
| Arrival Details:      |
| Arrival Date:         |

| Mode of Transportation:                                                            |
|------------------------------------------------------------------------------------|
| Car                                                                                |
| Bus                                                                                |
| Train                                                                              |
| Plane (flight ticket no.): KLIA                                                    |
|                                                                                    |
| Accommodation:                                                                     |
| On-Campus Housing                                                                  |
| Off-Campus Housing                                                                 |
| Other (specify):                                                                   |
| Room Number (if applicable):                                                       |
| Special Requirements/Requests:                                                     |
|                                                                                    |
| COVID-19 Health Declaration:                                                       |
| Have you experienced any COVID-19 symptoms in the last 14 days?                    |
| Yes                                                                                |
| No                                                                                 |
|                                                                                    |
| Have you been in close contact with a confirmed COVID-19 case in the last 14 days? |
| Yes                                                                                |
| No No                                                                              |
|                                                                                    |
| Have you travelled internationally in the last 14 days?                            |
| Yes                                                                                |
| No No                                                                              |

| Any specific dietary restrictions or allergies:                                         |
|-----------------------------------------------------------------------------------------|
| Yes                                                                                     |
| No                                                                                      |
|                                                                                         |
| Declaration:                                                                            |
| I hereby confirm that the information provided is accurate to the best of my knowledge. |
| Signature :                                                                             |
| Date :                                                                                  |
|                                                                                         |

Note: Please complete the form and e-mail to us at <a href="mailto:syaifudin@ukkm.edu.my">syaifudin@ukkm.edu.my</a> before departing for

Malaysia. Thank you!