



UNIVERSITI  
PENDIDIKAN  
SULTAN IDRIS  
اونيزستى قنديدين سلطان ادريس

SULTAN IDRIS EDUCATION UNIVERSITY

Sultan Idris Education University  
35900 Tanjong Malim  
Perak Darul Ridzuan, Malaysia  
Tel : 605 - 450 6000  
Fax: 605 - 459 5488  
[www.upsi.edu.my](http://www.upsi.edu.my)  
E-mail : [admin@upsi.edu.my](mailto:admin@upsi.edu.my)

## CHECKLIST FOR FOREIGN LECTURERS

1. Application Form (duly completed)
2. Certified copy of Applicant's passport
3. \*\*\* Certified copy of passport of spouse and child/children
4. Passport size Applicant's photograph
5. \*\*\* Passport size photograph of spouse and child/children
6. Certified copy of Academic Transcripts and Scrolls (Bachelor, Masters, Doctoral Degrees) in English translation
7. Updated Curriculum Vitae

\*\*\* Necessary only if bringing in together spouse and child/children to Malaysia.

Queries/information, please contact or e-mail:

Mdm. Siti Rafidah binti Mukdan  
Mr. Ahmad Mustafa bin Musa

email : [srafidah@upsi.edu.my](mailto:srafidah@upsi.edu.my)  
email : [mustafamusa@upsi.edu.my](mailto:mustafamusa@upsi.edu.my)

"NO.1 EDUCATION UNIVERSITY "

For Office Use

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*E-mail : admin@upsi.edu.my*

1 recent  
passport size  
photograph  
for each  
application

## APPLICATION FORM

*Please fill in BLOCK LETTERS and submit by email or postal.*

| POSITION            | FIELD | FACULTY |
|---------------------|-------|---------|
| PROFESSOR           |       |         |
| ASSOCIATE PROFESSOR |       |         |
| SENIOR LECTURER     |       |         |
| LECTURER            |       |         |
| MEDICAL OFFICER     |       |         |
| DENTAL OFFICER      |       |         |
| LANGUAGE TEACHER    |       |         |

*(Fill in the appropriate)*

|                           |                                      |
|---------------------------|--------------------------------------|
| Name :                    | <i>(Underline surname)</i>           |
| Postal Address :          |                                      |
|                           | Tel. No. :                           |
| Fax No. :                 | E-Mail Address:                      |
| Date and Place of Birth : | Sex :                                |
| Domicile :                | <i>(State Country, Town/Village)</i> |
| Citizenship :             | Passport No. :                       |
| Marital Status :          | No. of Children & Ages :             |
| Name of Spouse :          | Citizenship of Spouse :              |

### EDUCATION *(Please attach a copy of each Degree obtained)*

| Degree | University/College | Field | Year |
|--------|--------------------|-------|------|
|        |                    |       |      |
|        |                    |       |      |
|        |                    |       |      |
|        |                    |       |      |

Title of Masters/Doctorate dissertation *(Please attach abstract)*

Indicate specific areas in which you consider yourself competent to teach in

Research interest *(where applicable)*

Academic awards *(with date and place)*

**WORKING EXPERIENCE** (*Previous Positions with full date. If space is insufficient please attach additional sheet*)

| DATE               |                     | EMPLOYER              | POST HELD                        |
|--------------------|---------------------|-----------------------|----------------------------------|
| From<br>Month/Year | Until<br>Month/Year | Name and Full Address | Please indicate nature of duties |
|                    |                     |                       |                                  |
|                    |                     |                       |                                  |
|                    |                     |                       |                                  |
|                    |                     |                       |                                  |
|                    |                     |                       |                                  |
|                    |                     |                       |                                  |
|                    |                     |                       |                                  |
|                    |                     |                       |                                  |
|                    |                     |                       |                                  |

| PRESENT POSITION | PRESENT SALARY | NAME AND FULL ADDRESS OF PRESENT EMPLOYER | DATE OF APPOINTMENT |
|------------------|----------------|---|---------------------|
|                  |                |   |                     |

**PUBLICATIONS:** *Authors, Titles, Journals and Date (if space is insufficient, please attach additional sheet). Publications should only include research articles, books and research papers accepted for publication in recognized academic journals/books.*

| AUTHOR | TITLE | JOURNAL | DATE |
|--------|-------|---------|------|
|        |       |         |      |
|        |       |         |      |
|        |       |         |      |
|        |       |         |      |

**ADDITIONAL INFORMATION** (*Additional Experience gained in teaching or industry and commerce*)

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**REFEREES:** *Please give the name and address of three referees. (They should be able to comment authoritatively upon your academic qualities).*

| Name of Referee | Full Address |
|-----------------|--------------|
| 1.              |              |
| 2.              |              |
| 3.              |              |

How did the vacancy for which you are applying come to your attention?

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I declare that all information furnished on this form is true and correct. The University may withdraw or terminate the appointment if any information in this form is found to be untrue.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_