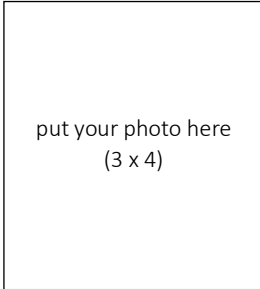




STUDENT EXCHANGE PROGRAM
APPLICATION FORM



Please complete this form in block letters in English.

Exchange Scheme	
	APRU VSE

PERSONAL DETAILS

Full Name (as appears on passport) Mr. / Ms.	
Nationality	Place / Date of Birth (dd/mm/yy) :
Passport Number :	Issuing Country :
	Date of Issue : (dd/mm/yy)
	Date of Expiry : (dd/mm/yy)
Blood Type :	Marital Status :
City :	Postal/Zip Code :
Province / Region :	Country :
Telephone Number :	Fax :
Email :	Mobile Number :
Mailing Address (if Different from Above)	
City :	Postal/Zip Code :
Province / Region :	Country :
Telephone Number :	Contact Name :

INSTITUTION

Home Institution :			
Address :			
Phone Number :	Fax :	Email :	Website :
Major :	Year in University :	Cumulative GPA :	

An official academic transcript must be submitted as part of your enrollment package

ACADEMIC QUALIFICATIONS

From (mm/yy)	To (mm/yy)	Institution	City/ Province/ Country	Major	Required years of Study	Diploma/ Degree

PROPOSED STUDY AT UI

Admission Indicate which semester(s) you Wish to spend at Universitas Indonesia	<input type="checkbox"/> Semester I (Aug – Jan) <input type="checkbox"/> Semester II (Feb – Jun)	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Master
Specific Study Period	Start Date :	End Date :
Preferred Course of Study at UI	Faculty :	Department / Study Program :

ENGLISH TEST RESULT *(if English is not your first language)*

Test	Score	Test Center	Date tested (dd/mm/yy)
TOEFL			
IELTS			
Others :			

A copy of your TOEFL or IELTS certificate must be attached to the application form. If your TOEFL/IELTS result is not yet available, please notify the International Office of the date by which it will be available.

LANGUAGE PROFICIENCIES

Please indicate the level of language: Excellent/Good/Fair/Poor

Language	Writing	Reading	Speaking	Listening
Native :				
English				
Indonesian				
Others : 1.				
2.				

CONTACT IN EMERGENCY

Whom to notify in case of emergency	Full Name :		Relationship :
	Address :		
	Phone Number :	Fax :	Email :
	Mobile Number :		

DECLARATION

- 1. I certify that I have read and answered all the questions in this application form in a trustworthy and complete way and I agree to keep it updated as necessary. If I am officially accepted at Universitas Indonesia, I agree to abide by its rules and regulations. At the same time, I understand that the University reserves the right to vary or reverse any decision regarding my application made on the basis of incomplete information.*
- 2. I agree to abide by the prevailing laws in Indonesia and Universitas Indonesia.*

Applicant's Signature: _____

Date: _____



UNIVERSITAS INDONESIA

Nomination for Student Exchange

This section must be completed by the Exchange Office of host university

This is to certify that _____ has been nominated and approved to apply to the Universitas Indonesia as an Exchange Student.

Acknowledged by

International Exchange Coordinator/Office of Applicant's Home University	Name :		Position :	
	Address :			
	City :	Country :	State :	Zip :
	Phone :	Fax :	Email :	Web :
Signature & Stamp			Date	

Indicate where notification of acceptance should be sent

- Student's Permanent Address
- Student's Mailing Address
- Others Address

- Exchange Office Listed Above

Indicate where academic transcripts should be sent (if different from above)

- Name :
- Position :
- Address :



UNIVERSITAS INDONESIA

Recommendation for Admission

Please indicate the following information in your recommendation letter:

- a. How long have you known the applicant and in what capacity;
- b. How the applicant's achievement compared to those of his/her peers;
- c. The nature and class of degree already obtained or expected to be obtained prior to the commencement of the course;
- d. For applicants whose first language is not language, their standard of proficiency in written and oral English;
- e. Applicant's proficiency in Indonesian language;
- f. The applicant's general suitability for undergraduate study, including any distinct strengths or weaknesses.

Kindly return this form to the applicant in the envelope provided, signed across the seal to ensure confidentiality.

PART I - Applicant

Your Name : _____

Proposed study program : _____

Proposed courses : _____

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

Date of commencement : _____

Name of referees :

1. _____
2. _____

PART II – Referee

(Please continue on a separate sheet if necessary)

Name of Referee : _____

Title/Position : __ Address
: _____

Email : _____ Phone Number : _____ Fax : _____

Signature : _____ Date : _____