



STUDENT EXCHANGE PROGRAM APPLICATION FORM

put your photo here
(3 x 4)

Please complete this form in block letters in English.

Exchange Scheme	
	U to U Agreement
	Others:

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.				

EMPLOYMENT RECORD

From (dd/mm/yy)	To (dd/mm/yy)	Company / Organization	City / Province / Country	Position

INSURANCE

Do you have Health Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Details	Validity Coverage

Please arrange your travel insurance before your departure

ACCOMODATION ARRANGEMENT

Need help with your accommodation in Indonesia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please complete the Housing Form	If no, please indicate where you plan to live in Indonesia

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 will not seek or accept any employment during my stay in Indonesia as exchange student.*
- 3. I will return to my home country after I finish my exchange period at the Universitas Indonesia.*

Applicant's Signature: _____

Date: _____