

UINSA STUDY ABROAD PROGRAM

INSTITUTION

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

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

ACADEMIC QUALIFICATION

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

PROPOSED STUDY AT UINSA

Admission Indicate which semester(s) you wish to spend at UINSA	<input type="checkbox"/> Semester I (Aug-Jan)	<input type="checkbox"/> Undergraduate
	<input type="checkbox"/> Semester II (Feb-Jun)	<input type="checkbox"/> Master
Specific Study Period	Academic Year 20 -20	End Date
Preffered Course of Study at UINSA	Start Date :	Department/Study Program
	Faculty :	

ENGLISH TEST RESULT

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

LANGUAGE PROFICIENCIES

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

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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	
	Cover	

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

- I certify that I have read and answered all the questions to this application form in a trustworthy and complete way and I agree to keep it updated as necessary. If I am admitted 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 admission or enrolment made on the basis of incomplete information.*
- 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.*
- I will return to my home country after I finish my exchange period at the Universitas Indonesia.*

Applicant's Signature: _____

Date: _____