

ENGLISH LANGUAGE

17. Is English your first language?(√)

Yes

No

If “No” detail the grade(s) achieved in the most recent English language test you have taken and/or any work experience or education that you have undertaken in English. A copy of the test certificate should be enclosed with this application. The minimum score is TOEFL ITP (500), TOEFL IBT (60), ILTS (5.5).

MOTIVATION LETTER

18. Please attach with separate sheet, a motivation statement describing your academic interest and reasons for applying for University of Udayana.

SUPPORTING DOCUMENTS

19. Please include these supporting documents:

- a) Curriculum Vitae (CV) (form as attached)
- b) Photocopy of certificate of current enrollment at Home University (in English)
- c) Photocopy of academic record from Home University (in English)
- d) Certification of Finance from a Guarantor (form as attached)
- e) Financial statement (form as attached)
- f) Colour photocopy of valid passport (the whole book) of minimum 18 months validity)
- g) Declaration form (form as attached)
- h) Recent color photos (4x3 cm) in red background.
- i) Health certificate (form as attached)
- j) Recommendation of Rector/Dean/Head of Department/ Head of International Office to Rector of Udayana University which stated the eligibility and academic achievement of the nominated student.
- k) Copy of student card (Home University)

SUBMITTING YOUR APPLICATION

20. Our preferred method of receipt for all applications and documents, including references and transcripts, is by email to cip.unud@gmail.com cc pr4@unud.ac.id

21. **Criminal Conviction.** You are required to declare whether or not you have any criminal conviction(s). If you answer “yes”, you are required to provide further information about the relevant conviction(s). Please note that for the purposes of this exercise a criminal offence exclude minor motoring offences. All information will be treated as strictly confidential.

Do you have any criminal conviction(s)?(√)

Yes

No

Student's Signature:	Date:
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Sending institution – we confirm te proposed program of study/learning agreement is approve.	
Study Program Coordinator's Signature _____	Institutional Coordinator's Signature _____
Date:	Date:

Receiving Institution – we confirm the proposed program of study/learning agreement is approved	
Study Program Coordinator's Signature _____	Institutional Coordinator's Signature _____
Date:	Date:

CURRICULUM VITAE

Name in full :
Sex :
Nationality :
Place & date of birth :
Marital Status :
Permanent Address :

Present address :

Telephone/ Fax :
E-mail :

EDUCATION BACKGROUND:

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WORKING EXPERIENCE:

JOB EXPERIENCE (Optional)

Date (dd/mm/yy):	Signature :
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CERTIFICATION OF FINANCE FROM A GUARANTOR

This is to certify that I, as a guarantor, will have adequate financial support for the applicant's traveling expenses to Indonesia and back to our country and to cover his/her academic and personal expenses occurred during his/her stay in Indonesia.

Name of applicant :

Name of guarantor :

Place & date of birth :

Distinction of Sex :

Present address :

Email :

Phone number :

Relationship to applicant :

Occupation :

Date (dd/mm/yy):	Signature :
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FINANCIAL STATEMENT

This is to certify that:

Name (first and last name) :
Passport Number :
Place and date of birth (day-month-year) :
Nationality :
Faculty/Department/Program :
University :
Address in Indonesia :

Telephon Number :
E-mail address :

I will study in Indonesia at Udayana University. All expenses except the tuition waiver for exchange program provide by University of Udayana, will be my personal or family responsibility.

I hereby state that to the best of my knowledge and belief the information furnished in this statement is true and correct and without coercion from others.

Date (dd/mm/yy):	Signature :
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CERTIFICATE OF HEALTH

Note: The physical examination must have been done within 12 months of the date of submission.

Name in full				Date of birth		
Medical Items						
Height	Cm	Weight	kg	Chest Measurement	cm	
Latest Tuberculin Reaction	Positive	Doubtful	Negative	Eyesight	Left ()	Right ()
	Date of examination			Color Sense	Normal Color Blindness	Partial color Blindness
X-Rays				Physical Handicap		
Mediate work (No. of Exposures) Normal Abnormal				Item	Indicate with (V) for "Yes" and (X) for "No"	
				Physical movement	(Yes)	(No)
				Vision	(Yes)	(No)
				Hearing	(Yes)	(No)
				Speaking	(Yes)	(No)
Findings				Others	(Yes)	(No)
				Remarks		
Medical History				Mental Disorder		
Tuberculosis	Age	Infantile Paralysis	Age	Disease needing care after entrance Blood type (A, B, AB, O)		
Bronchial Asthma	Age	Epilepsy	Age			
Cardiac Diseases	Age	Nervous Diseases	Age			
Stomach Diseases	Age	Mental Illness	Age			
Rheumatic Fever	Age	Any other Diseases	Age			
In my opinion the general state of Applicant's health is						
Excellent	Good	Fair	Poor			
I hereby certify the above statement to be true						
Date of examination						
Institution and address						
Full name and signature of doctor						

DECLARATION

I, The undersigned;

Name (first and last name) :
Passport Number :
Place and date of birth (day-month-year) :
Nationality :
Faculty/Department/Program :
University :
Telephone Number :
E-mail address :

Hereby declare that will study in Indonesia and will:

1. Comply with laws and regulations applicable in Indonesia
2. Comply with rules and regulations of the University
3. Not work and will not ask for a scholarship to the Indonesian government
4. Not be involved in any political activities
5. Not do any paid job during my study in Udayana University

If I violate the above matters, I am willing to accept any sanctions in accordance with the legislation in force in Indonesia.

I hereby declare that to the best of my knowledge and belief the information furnished in this declaration is true and correct and without coercion from others.

Date (dd/mm/yy):	Signature : <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80px; text-align: center;">Materai 6000</div>
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