

APPLICATIONFORM

INTERNATIONAL STUDENTS

**PLEASE USE BLACK INK, BLOCK CAPITALS AND TICK BOXES AS APPROPRITE**

**PERSONALDETAIL**

**1. Surename/Family Name (based on passport) 2.First Name (based onPassport) 3.Title (Mr./Miss etc.)**

**4. Date of Birth(e.g.07- 08 - 1987) 5. Country of Birth 6. Passport Number**

Day month year

**7.Sex(√) 8.Nationality 9.Country of Permanent Residence**

Male Female

**10.Home Address 11.Correspondence address (if Different**)

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|  | |
|  | |
|  | Postcode/zip |
| Tel | |
| Fax | |
| Email | |

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|  | | |
|  | | |
|  | | |
|  | Postcode/zip | |
| Tel | | |
| Fax | | |
| Email | | |
| Date when address is valid | From: | To: |

**PROGRAM OF STUDY FOR WHICH YOU WISH TO APPLY**

**12.Level of Study**(√)

Bachelor Master Doctor

**13.Home Institution**

**14.Study Program wich you wish to be admitted at UNUD (Short Course Credit Transfer/Internship Program)**

**15.Duration of Study(√)**

**16.Study starting date**

Full academic year September-February only February-July only

Month Year

**SUPPORTINGDOCUMENTS**

17. Please include these supporting documents:

1. Curriculum Vitae (CV) (form as attached)
2. Photocopy of certificate of current enrollment at Home University (in English)
3. Photocopy of academic record from Home University (in English)
4. Certification of Finance from a Guarantor (form as attached)
5. Financial statement (form as attached)
6. Color photocopy of valid passport (Front Page with Personal Identity Including Picture)
7. Declaration form (form as attached)
8. Recent color photos (4x3 cm) **non selfie picture. Please do it at photo studio**
9. Medical Statement (form as attached)

* The size of the scanned documents should not more than 200KB

**SUBMITTINGYOURAPPLICATION**

18. Please kindly send all of the documents to us

19. 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 purpose 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:**

Institutional Coordinator’s Signature

Date:

Study Program Coordinator’s Signature

Date:

**Sending institution – we confirm te proposed program of study/learning agreement is approve.**

**CURRICULUM VITAE**

Name in full :

Sex :

Nationality :

Place & date of birth :

Marital Status :

Permanent Address :

Present address :

Telephone/ Fax :

E-mail :

EDUCATION BACKGROUND :

WORKING EXPERIENCE:

**JOB EXPERIENCE (*Optional*)**

ANY SPECIFIC ASSISTANCE :

|  |  |
| --- | --- |
| Date (dd/mm/yy): | Signature : |

Propose:

**GUARANTOR FINANCIAL STATEMENT**

This is to certify that I, as a guarantor, will have adequate fund to 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 :

Sex :

Present address :

Email :

Phone number :

Relationship to applicant :

Occupation :

|  |  |
| --- | --- |
| Date (dd/mm/yy): | Signature : |

**STUDENT’S 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 Udayana University, 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 : |

**MEDICAL STATEMENT** (*Statement of Good Health*)

Students/Patient

Name :

Nationality :

Date and place of birth :

Address :

I have examined the individual named above and to the best of my knowledge, she/he is in good physical and mental health, free of any communicable diseases and is able to participate in his/her upcoming semester abroad at Udayana University in Bali, Indonesia.

By signing below I certify that the above information is true.

Doctor’s name :

Office Phone Number :

Date of Examination :

Office Address: Signature & Office Stamp (If Available)

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**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 :  Materai  6000 |