



Universitas Indonesia

# STUDENT EXCHANGE PROGRAM APPLICATION FORM

[your photo here]  
4x6

Please read the Guidelines of the Student Exchange Program prior to completing this form.  
Type or print in block letters in English.

Exchange Scheme
<input type="checkbox"/> U-to-U agreement
<input type="checkbox"/> G-to-G agreement
<input type="checkbox"/> AUN UI Study Award
<input type="checkbox"/> Others:

## PERSONAL DETAILS

Name in Full (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:
Permanent/Home Address:	
City:	Postal/zip code:
Province/Region:	Country:
Tel No:	Fax:
Email:	Mobile No:
Mailing Address (if different from above)	
City	Postal/zip code:
Province/Region:	Country:
Tel No:	Contact Name:

## INSTITUTION

Home Institution:			
Address:			
Ph:	Fax:	Email:	Website:
Major:	Year in university:		Cumulative GPA:

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

Student Exchange Form

### ACADEMIC QUALIFICATIONS

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

### PROPOSED STUDY AT UI

<b>Admission</b>  <i>Indicate which semester(s) you wish to spend at University of Indonesia</i>	<input type="checkbox"/> Semester I (Aug-Jan)  <input type="checkbox"/> Semester II (Feb-Jun) Academic Year 20____/20____	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Master <input type="checkbox"/> Non degree/Special courses: _____ <i>please specify</i>
	<b>Specific Study Period</b> Start Date: _____ End Date: _____	<b>Preferred course of study at UI</b> Faculty: _____ 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 (mm/yy)	To (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

### ACCOMMODATION 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:	Fax:	Email:
	Mobile:		

### DECLARATION

1. 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 University of 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.
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 University of Indonesia.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_