



UI-RESOLV PROGRAM

INBOUND APPLICATION



Application Information

Salutation <i>Please tick the applicable option</i>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Full Name	<input type="text"/> <input type="text"/>
Current Mailing Address	<input type="text"/> <input type="text"/>		
City	<input type="text"/>	Country	<input type="text"/>
		Postal Code	<input type="text"/>
Phone Number	+ <input type="text"/>	Email Address	<input type="text"/>
Date of Birth	<input type="text"/>	dd/mm/yyyy	
Nationality	<input type="text"/>		
Gender <i>Please tick the applicable option</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Passport Number	<input type="text"/>	Issuing Country	<input type="text"/>
Date of Issue	<input type="text"/>	Date of Expiry	<input type="text"/>

Home Institution Information

Name of Institution	<input type="text"/>		
Home Institution Administrator	<input type="text"/>		
Division/Department	<input type="text"/>		
Current Mailing Address	<input type="text"/> <input type="text"/>		
City	<input type="text"/>	Country	<input type="text"/>
		Postal Code	<input type="text"/>
Phone Number	+ <input type="text"/>	Email Address	<input type="text"/>

Universitas Indonesia Faculty/Department Information (if applicable) - If you have been developing a mutual academic interest with our faculty or department, please detail the point of contact in this section.

Faculty Name	<input type="text"/>		
Department Name	<input type="text"/>		
Faculty Contact	<input type="text"/>		
Phone Number	+ <input type="text"/>	Email Address	<input type="text"/>

Program Information

Expertise/Discipline

Proposed RESOLV

Activities

Please tick the applicable options

<input type="checkbox"/>	Lecturing	Topic	<input type="text"/>
<input type="checkbox"/>	Curriculum Development	Topic	<input type="text"/>
<input type="checkbox"/>	Academic Workshop	Topic	<input type="text"/>
<input type="checkbox"/>	Teaching Material Development	Topic	<input type="text"/>
<input type="checkbox"/>	Joint Research Proposal Design	Topic	<input type="text"/>
<input type="checkbox"/>	Joint Research	Topic	<input type="text"/>
<input type="checkbox"/>	Joint Publication	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Others. Please specify	<input type="text"/>	

Additional remarks

Proposed Arrival Date

Proposed Departure Date

Please attach the following:

<input type="checkbox"/>	CV/Resume
<input type="checkbox"/>	Letter of Recommendation from the home university or faculty
<input type="checkbox"/>	A copy of identity page of passport
<input type="checkbox"/>	Summary of proposed research (if applicants are particularly doing a research endeavor for the visit)
<input type="checkbox"/>	Relevant correspondence with related faculty member of the host university (if any)

By signing this application form, I certify that all information I have provided above is accurate and truthful.

Date

Signature

Name