



**STUDY ABROAD PROGRAM
APPLICATION FORM**

{Put your Photo Here} (4x3)

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

PERSONAL DETAILS

Full Name (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 :
City :	Postal/Zip Code :
Province / Region :	Country :
Telephone Number :	Fax :
Email :	Mobile Number :
Mailing Address (if Different from Above)	
City :	Postal/Zip Code :
Province / Region :	Country :
Telephone Number :	Contact Name :

INSTITUTION

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

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

ACADEMIC QUALIFICATIONS

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

PROPOSED STUDY AT UI

Admission Indicate which semester(s) you Wish to spend at Universitas Indonesia	<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
Specific Study Period	Start Date :	End Date :
Preferred Course of Study at UI	Faculty :	Department / 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 (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	

Please arrange your travel insurance before your departure

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

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 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.*
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 Universitas Indonesia.*

Applicant's Signature: _____

Date: _____



UNIVERSITAS INDONESIA

Recommendation for Admission

PART I: To be completed by the Applicant

Please complete part I on the reverse of the form (in block capitals), and send one form together with a reference envelope to each referee requesting that the reference be sealed in the envelope, signed by your referee across the seal and returned to you. You should then send your two references together with two sealed envelopes to International Office. We will be unable to process your application until we have received your references.

PART II: To be completed by the Referee

The person named above has applied for admission to Universitas Indonesia as an exchange student. I should be most grateful if you would provide us with reference on the applicant's academic and general suitability to undertake the proposed course of study by completing part II on the reverse side of this form. It would be of great assistance to the University if, in addition to any general statement, you would indicate the following in your reference:

- a. How long have you known the applicant and in what capacity;
- b. How the applicant's achievement compare to those of his/her peers;
- c. The nature and class of degree already obtained or expected to be obtained prior to the commencement of the course;
- d. For applicants whose first language is not language, their standard of proficiency in written and oral English;
- e. Applicant's proficiency in Indonesian language;
- f. The applicant's general suitability for undergraduate study, including any distinct strengths or weaknesses.

In considering applications, the University attaches great importance to the information which is provided in references and I should like to thank you in advance for your assistance.

Your reply will be treated in confidence by the University.

Please return this form to the applicant in the envelope provided, signed across the seal to ensure confidentiality.

PART I - Applicant

You're Name : _____
Proposed study program : _____
Proposed courses : _____

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

Date of commencement : _____
Name of referees :
1. _____
2. _____

PART II – Reference

(Please continue on a separate sheet if necessary)

Name of Referee : _____
Tittle/Status : _____
Address : _____

Email : _____ Phone Number : _____ Fax : _____

Signature : _____ Date : _____



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Study Abroad Program
Certification of Financial Guarantee

Name of Student

Last

First

Sponsor (Student's Parents/Guardian)

Name : _____

Relationship with Student : _____

Permanent Residence : _____

Student's Statement :

"I have been made aware that I cannot be covered by the University's medical insurance during my exchange at Universitas Indonesia. I acknowledge that my educational expenses (books, academic excursions, etc) as well as living costs shall be solely at my expenses and emergency funds will be provided by my sponsor. Furthermore, I understand that I am fully responsible for my actions, health, and safety while completing this experience".

Applicant's Signature	Date
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Sponsor's Statement :

"This is to verify that I will support the above student during his/her entire exchange period at Universitas Indonesia."

Sponsor's Signature	Date
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Certificate of Health

Note : this part is to be completed by medical doctor/physicist

Name of Patient :

Visual Acuity Without glasses Right _____ Left _____ With glass or Contact lenses Right _____ Left _____	Auditory Acuity
Chest X-ray Date _____ Film Number _____ ____ Routine size ____ Small size (Please check) _____ Normal _____ Tuberculosis _____ Other disease ()	Any disease or disorder else
I hereby certify that the applicant's health conditions are as above described. Signature _____ Date _____ <i>(Full Name)</i>	



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Housing Form

Note: *To be considered for housing, please complete and return this form to the International Office 2 months prior to your arrival in Indonesia, otherwise you will have to make your own arrangements*

Name : _____

Date of Birth : _____

Email Address : _____

Phone : _____

Type of Housing

Regarding accommodation, you would prefer :

- ❖ **Staying Off-Campus**
 - Depok, nearby campus neighborhood
 - Jakarta, nearby campus neighborhood
- ❖ **Room**
 - Single
 - Share

Special Needs

(Please indicate if you have special needs regarding your accommodation)



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Law and Employment Declaration

I, the undersigned:

Name : _____

Place/Date of Birth : _____

Permanent Address : _____

Passport Number : _____

I affirm that I will be obliged to regulation and laws in Indonesia. I will also not do any paid job during my study at Universitas Indonesia.

I hereby to certify that the information provided in this application is **correct and accurate**. I understand that any accurate or false information (or omission of material information) will render this application is valid and that, if admitted my candidature can be terminated and I can also subject to my penalty dictated by the rules of Universitas Indonesia.

Signature :	Date : (dd/mm/yy)
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Notice of Arrival

Important: Please return this form as soon as you have the flight confirmation to

Email : io-ui@ui.ac.id

Fax : (+6221) 7888 01 39

Instructions:

Please complete the following information regarding your arrival plans at Jakarta, Indonesia. Pick-up transportation will be provided for exchange students on the expected arrival dates.

Name : _____

Arrival Date : _____

Arrival Time : _____ A.M P.M

Airport : _____

Airline : _____

Flight Number : _____

Will you have your own means of pick-up? Yes

No

Notes :



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Checklist

Have you included the following :

I. Essential :

- Completed Application Form (UI Form)
- Certificate of Enrolment (From Current University)
- Certified University Transcript (Certified True Copy, in English)
- CV / Resume
- 2 (two) Letters of Recommendation (UI Form)
- 1 (one) Copy of Passport
- Certificate of Health (UI Form)
- Statement of Financial Guarantee (UI Form)
- Bank Statement (From Bank)
- 2 (two) Current Photos size 4x6
- A Statement of Purpose (in Bahasa Indonesia / English, 500 words, Explaining Your Purpose of Study)
- One Copy of Evidence of English proficiency (for non-Native Speakers of English)
- Completed Learning Agreement (After Acceptance)
- Bahasa Indonesia Certificate/TIBA Test Result (to Join Regular Program)
- Copy of MOU/Aoi between UI and Partner University
- Law and Employment Declaration
- Completed Housing Form (UI Form Optional)
- Notice of Arrival (UI Form Optional)

ALL APPLICATIONS MUST BE ABLE TO COVER THEIR OWN TUITION FEE, ACCOMODATION, AND OTHER COSTS OF LIVING DURING THEIR STUDY AT UI.

All administration and transfer fees should be covered on your own expenses.

Proof of transfer (3 copies) should be submitted to International Office UI.

*Returned this form and **original** supporting documents to:*

International Office
Central Administration Building (PAUI), 1st Floor
Universitas Indonesia
Depok Campus 16424
INDONESIA

More Information, Please Contact :
Tel : 021-7888 0139, 021-7867 222 ext. 100 104
Fax : 021-7888 0139
Email : io-ui@ui.ac.id
www.ui.ac.id