



STUDENT EXCHANGE PROGRAM APPLICATION FORM

put your photo here
(3 x 4)

Please complete this form in block letters in English.

Exchange Scheme	
	U to U Agreement
	AUN-ACTS
	Others:

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 enrollment 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)	<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 Coverage

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 in this application form in a trustworthy and complete way and I agree to keep it updated as necessary. If I am officially accepted 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 my application 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

Nomination for Student Exchange

This section must be completed by the Exchange Office of host university

This is to certify that _____ has been nominated and approved to apply to the Universitas Indonesia as an Exchange Student.

Acknowledged by

International Exchange Coordinator/Office of Applicant's Home University	Name :		Position :	
	Address :			
	City :	Country :	State :	Zip :
	Phone :	Fax :	Email :	Web :
Signature & Stamp			Date	

Indicate where notification of acceptance should be sent

- Student's Permanent Address
- Student's Mailing Address
- Others Address

- Exchange Office Listed Above

Indicate where academic transcripts should be sent (if different from above)

- Name :
- Position :
- Address :



UNIVERSITAS INDONESIA

Recommendation for Admission

Please indicate the following information in your recommendation letter:

- a. How long have you known the applicant and in what capacity;
- b. How the applicant's achievement compared 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.

Kindly 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 – Referee

(Please continue on a separate sheet if necessary)

Name of Referee : _____

Title/Position : _____

Address : _____

Email : _____ Phone Number : _____ Fax : _____

Signature : _____ Date : _____



UNIVERSITAS INDONESIA

**Non-Graduating Student
Statement of Financial Guarantee**

Name of Student

Last

First

Sponsor (Student's Parents/Guardian)

Name : _____

Relationship with Student : _____

Permanent Residence : _____

Student's Statement :

"I am aware that Universitas Indonesia will not cover medical insurance during my exchange at Universitas Indonesia. I acknowledge that my educational expenses (books, academic excursions, etc) as well as living expenses shall be solely at my responsibility. Furthermore, I understand that I am fully responsible for my actions, health, and safety while completing this exchange program".

Applicant's Signature	Date
-----------------------	------

Sponsor's Statement :

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

Sponsor's Signature	Date
---------------------	------



UNIVERSITAS INDONESIA

Certificate of Health

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

Name of Applicant :

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



UNIVERSITAS INDONESIA

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)



UNIVERSITAS INDONESIA

Law and Employment Declaration

I, the undersigned:

Name : _____

Place/Date of Birth : _____

Permanent Address : _____

Passport Number : _____

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

I hereby certify that the information provided in this application is **correct and accurate**. I understand that any inaccurate or false information (or omission of material information) will render this application invalid and that, if admitted my nomination can be terminated by the rules of Universitas Indonesia.

Signature :

Date :

(dd/mm/yy)



UNIVERSITAS INDONESIA

Checklist Have you included the following:

	Application Form (UI Form)
	Nomination Form (UI Form)
	2 (two) Letters of Recommendation (UI Form)
	Statement of Financial Guarantee (UI Form)
	Certificate of Health (UI Form)
	Housing Form (if necessary)
	Law and Employment Declaration (UI Form)
	CV / Resume
	Certificate of Enrollment (from home university)
	Academic Transcript (certified true copy, in English)
	Statement of Purpose (in Bahasa Indonesia/English, 500 words, explaining your purpose of study)
	English Certificate (for Non-English speaking country)
	Bahasa Indonesia Certificate/TIBA Test Result (required to join Regular Program)
	Copy of Passport
	Bank Statement (requested from bank)
	Copy of MoU/AoI between UI and Home University (for U to U exchange scheme)
	2 (two) Current Photos (size 4x6)

ALL APPLICATIONS MUST BE SUMITTED THROUGH THE APPROPRIATE OFFICE OF YOUR UNIVERSITY, DIRECT APPLICATION WILL NOT BE PROCESSED

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

**International Office
Pusat Administrasi Universitas (PAU) Bldg., 1st Floor
Universitas Indonesia
Kampus UI Depok 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 / ladyfarisco@gmail.com
<http://international.ui.ac.id/>