

APPLICATION FORM FOR

STUDENT EXCHANGE/INTERNSHIP

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

**PERSONAL DETAIL**

**1. Sure name/Family Name(based on passport) 2. First Name (based on Passport) 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 | | | | Date when address is valid | From: | To: | | |
|  | |
|  | |
|  | Postcode/zip |
| Tel | |
| Fax | |
| Email | |

**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**

**15. Duration of Study(√)**

**16. Study starting date**

Full academic year September-December only January-June only

Month Year

**ENGLISH LANGUAGE**

**17. Is English your first language?(√)**

Yes No

If “No” detail the grade(s) achieved in the most recent English language test you have taken and/or any work experience or education that you have undertaken in English. A copy of the test certificate should be enclosed with this application. The minimum score is TOEFL ITP (500), TOEFL IBT (60), ILTS (5.5).

**MOTIVATION LETTER**

18. Please attach with separate sheet, a motivation statement describing your academic interest and reasons for applying for University of Udayana.

**SUPPORTING DOCUMENTS**

19. 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. Colour photocopy of valid passport (the whole book) of minimum 18 months validity)
7. Declaration form (form as attached)
8. Recent color photos (4x3 cm) in red background.
9. Health certificate (form as attached)
10. Recommendation of Rector/Dean/Head of Department/ Head of International Office to Rector of Udayana University which stated the eligibility and academic achievement of the nominated student.
11. Copy of student card (Home University)

**SUBMITTIN YOUR APLICATION**

20. Our preferred method of receipt for all applications and documents, including references and transcripts, is by email to [cip.unud@gmail.com](mailto:cip.unud@gmail.com)  cc [pr4@unud.ac.id](mailto:pr4@unud.ac.id%20)

21. **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 purposes 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:

**Receiving Institution – we confirm the proposed program of study/learning agreement is approved**

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*)**

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

**CERTIFICATION OF FINANCE FROM A GUARANTOR**

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

Distinction of Sex :

Present address :

Email :

Phone number :

Relationship to applicant :

Occupation :

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

**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 University of Udayana, 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 : |

CERTIFICATE OF HEALTH

Note: The physical examination must

have been done within 12 months of the date of submission.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name in full |  | | | | | | Date of birth |  | | | | |
| Medical Items | | | | | | | | | | | | |
| Height | |  | Cm | | Weight | | kg | | Chest  Measurement | | cm | |
| Latest  Tuberculin  Reaction | | Positive Doubtful Negative | | | | | Eyesight | | Left  ( ) | | Right  ( ) | |
|  | Date of examination | | | | Color Sense | | Normal  Color  Blindness | | Partial color  Blindness | |
|  | | | | | | | Physical Handicap | | | | | |
|  | | | | | | | Item | | | Indicate with (V) for "Yes” and (X) for "No" | | |
| Physical movement | | | (Yes) |  | (No) |
| Vision | |  | (Yes) |  | (No) |
| Hearing | |  | (Yes) |  | (No) |
| Speaking | |  | (Yes) |  | (No) |
|  | | | | | | | Others | |  | (Yes) |  | (No) |
| Remarks | |  | | | |
| Medical History | | | | | | | Mental Disorder | | | | | |
| Tuberculosis | Age | | | Infantile Paralysis | | Age |
| Bronchial Asthma | Age | | | Epilepsy | | Age |
| Cardiac Diseases | Age | | | Nervous Diseases | | Age |
| Stomach Diseases | Age | | | Mental Illness | | Age | Disease needing care after entrance | | | | | |
| Rheumatic Fever | Age | | | Any other Diseases | | Age | Blood type (A, B, AB, O) | | | | | |
| In my opinion the general state of Applicant's health is  Excellent Good Fair Poor | | | | | | | | | | | | |
| I hereby certify the above statement to be true | | | | | | | | | | | | |
| Date of examination | | | | | | | | | | | | |
| Institution and address | | | | | | | | | | | | |
| Full name and signature of doctor | | | | | | | | | | | | |

**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.

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| --- | --- |
| Date (dd/mm/yy): | Signature :  Materai  6000 |