



## 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

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- 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
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**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
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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)

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## 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 SUBMITTED 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., 1<sup>st</sup> 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 : [jo-ui@ui.ac.id](mailto:jo-ui@ui.ac.id) / [ningtyassa@gmail.com](mailto:ningtyassa@gmail.com)**  
**<http://international.ui.ac.id/>**