



KANTOR KERJASAMA DAN PROMOSI

UNIVERSITAS ATMA JAYA YOGYAKARTA

International Student Application Form

Please type / print the following information and submit it to your university counselor

PERSONAL IDENTITY

First Name		
Middle Name		
Last Name		
Date of birth <i>dd/mm/yy</i>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<div>Please attach 1 head & shoulder passport – size photo (taken within the last 3 month, high resolution)</div>
Passport Number <i>Date of issue & expire</i>	Martial Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
Nationality		
Permanent Home Address		
City /Country		
State / Province	Postal Code	
Current Mailing Address		
City /Country		
State / Province	Postal Code	
Email		
Phone Number		



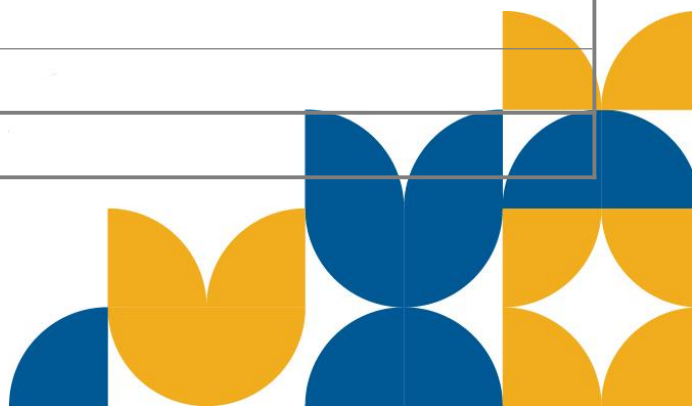
INSTITUTION IDENTITY

Home University		
Department		
Year of Study		
Student Number		
Address		
City /Country		
State / Province		Postal Code
Phone Number		

PROGRAM PLAN*)

*) Please complete the information according to the program you are participating in

1. Short Course Program	
Name of program	
Program Period	from _____ to _____ (month - date - year) (month - date - year)
2. Internship Program	
Name of program	
Program Period	from _____ to _____
3. Student Exchange Program	
<input type="checkbox"/>	1 st semester : August - December _____(year)
<input type="checkbox"/>	2 nd semester : February - June _____(year)
What extra-curricular activities are you interested in?	
4. Reguler Program	
<input type="checkbox"/>	Graduate
<input type="checkbox"/>	Undergraduate
Study Program	



PERSONAL INFORMATION – fill in if you join in the offline program

What are your major financial resources during your stay at UAJY ?			
<input type="checkbox"/>	Personal Savings	<input type="checkbox"/>	Scholarship
<input type="checkbox"/>	Parental Support	<input type="checkbox"/>	Other (<i>specify</i>) _____
Have you taken any test of Indonesian language?			<input type="checkbox"/> Yes <input type="checkbox"/> No
What kind of test?			score :
Health Condition :	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average <input type="checkbox"/> Poor
Please describe health problems that you have or medical history			
Person in Emergency Situation :			
Name		Relation	
Address			
City /Country			
State / Province		Postal Code	
Phone Number			



STATEMENT

I certify that the information above is correct to the best of my knowledge. I promise to obey the law of Indonesia and the regulations laid down by the goverment and the university.

(Applicant's Signature)

Date :

(Parent's Signature)

Date :

(University counselor's Signature)

Date :

