



**Universitas Indonesia**  
**APPLICATION FORM**  
**FOR ADMISSION**

[your photo here]  
4x6

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

| Program                                                      |
|--------------------------------------------------------------|
| <input type="checkbox"/> Diploma Program                     |
| <input type="checkbox"/> International Undergraduate Program |
| <input type="checkbox"/> Regular Undergraduate Program       |
| <input type="checkbox"/> Regular Master Program              |
| <input type="checkbox"/> Regular Doctoral Program            |
| <input type="checkbox"/> Specialist/ Profession              |

*Please complete with capital letters*

**PERSONAL DETAILS**

|                                           |                  |
|-------------------------------------------|------------------|
| Last/Family Name:                         | First Name:      |
| Middle Name:                              | Title: Mr/Ms/Mrs |
| Marital status:                           | Nationality:     |
| Place/Date of Birth:                      |                  |
| Mailing Address:                          |                  |
| Permanent/Home Address:<br>(if different) |                  |
| Tel:                                      | Mobile:          |
| Fax:                                      | Email:           |

**ACADEMIC HISTORY**

*Last High School Attended*

| Name of School | City/Province/Country | From (mm/yy) | To (mm/yy) | Grade Completed |
|----------------|-----------------------|--------------|------------|-----------------|
|                |                       |              |            |                 |

*Name of College or University which you are presently attending*

|                            |     |                |         |
|----------------------------|-----|----------------|---------|
| Name of College/University |     |                |         |
| Complete Address           |     |                |         |
| Tel                        | Fax | Email          | Website |
| Year in College/University |     | Cumulative GPA |         |

*Please list the courses in which you **are/have been**\*) enrolled:*

| FACULTY | COURSES |
|---------|---------|
| MAJOR   | 1.      |
|         | 2.      |
|         | 3.      |
|         | 4.      |

\*) select the correct one

## Secondary Education

| Secondary Institution | City/Province/Country | From (mm/yy) | To (mm/yy) | Grade Completed |
|-----------------------|-----------------------|--------------|------------|-----------------|
|                       |                       |              |            |                 |
|                       |                       |              |            |                 |
|                       |                       |              |            |                 |
|                       |                       |              |            |                 |

## LANGUAGE PROFICIENCIES

*Please indicate the level of language*

| Language | Native | Spoken | Written |
|----------|--------|--------|---------|
|          |        |        |         |
|          |        |        |         |
|          |        |        |         |
|          |        |        |         |

*Academic transcripts must be submitted as part of your enrolment package*

## Bahasa Indonesia Proficiency

Have you ever learned Bahasa Indonesia? Yes \_\_\_\_ No \_\_\_\_

If yes, how long have you learned Bahasa Indonesia?

## FACULTY AND COURSES DETAILS

Indicate which semester(s) you wish to spend at Universitas Indonesia:

☐ Aug-Jan ☐ Feb-June ☐ Academic Year 20\_\_\_\_/ 20\_\_\_\_.

*Please notify the name of the faculty and courses in which you wish to enrol*

| Faculty | Courses (e.g. undergraduate/diploma/etc.) |
|---------|-------------------------------------------|
|         |                                           |
|         |                                           |
|         |                                           |
|         |                                           |

## OTHER INFORMATION

### Health Insurance

Do you have health insurance?

☐

Yes

☐

No

If yes, please provide insurance details here

---



---



---

If not, you are strongly suggested to take medical insurance from home for illness and injury while in Indonesia.

### Whom to notify in case of emergency

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_   
Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Relationship \_\_\_\_\_

### Finance

How would you finance yourself at the Universitas Indonesia?

\_\_\_ Self \_\_\_ Family \_\_\_ Employer \_\_\_ Scholarship

Name of Scholarship \_\_\_\_\_

Have you obtained the scholarship yet? \_\_\_ Yes \_\_\_ No

### Source of Information about UI

Please indicate using the numbers 1 and 2 the first and second two most important sources of information which influenced you to apply for an undergraduate place at UI

|                                 |                                           |
|---------------------------------|-------------------------------------------|
| ___ Advertisement in .....      | ___ World Wide Web                        |
| ___ Recommendation from Student | ___ Education Fair                        |
| ___ University Prospectus       | ___ Recommendation from Tutor/Academic    |
| ___ Departmental Information    | ___ Other ( <i>please specify .....</i> ) |
| ___ Poster                      |                                           |

### Special Needs

The University welcomes applications from people with special needs and considers them on the same academic grounds as those from candidates. It is helpful to know about your special needs in advance so that we can discuss whether facilities are available in the University. Applicants with special needs are encouraged to contact the International Office in order to assess their special needs.

Do you have a disability/special needs/medical condition? \_\_\_ Yes \_\_\_ No

Are you a registered disabled person? \_\_\_ Yes \_\_\_ No

If you have special needs, please tick which are applicable to you:

|                                           |                                                          |
|-------------------------------------------|----------------------------------------------------------|
| ___ Dyslexia                              | ___ Need personal care support                           |
| ___ Blind/partially sighted               | ___ Mental Health Difficulties                           |
| ___ Deaf/hearing impairment               | ___ an unseen special need eg Diabetes, epilepsy, asthma |
| ___ Wheelchair user/mobility difficulties | ___ Other ( <i>please specify .....</i> )                |

### DECLARATION OF CRIMINAL RECORD

Do you have any criminal convictions? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Declaration**

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 am aware of the fact that, in case of omitting information in my application, my admission can be denied.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Universitas Indonesia

### REFERENCE FOR ADMISSION TO INTERNATIONAL STUDENT

#### 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 the Universitas Indonesia as an undergraduate / a Master student. It 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) for applicants who hold professional qualifications or have professional experience, how the qualifications and/or experience would contribute to the applicant's suitability;
- (g) the applicant's general suitability for undergraduate study, including any distinct strengths or weaknesses.

\* For Doctoral Program, it should be grateful if you provide us with research proposal

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**

Your name:

Proposed course:

Date of commencement:

Name of referees: 1. \_\_\_\_\_

2. \_\_\_\_\_

**PART II – Reference**

*(Please continue on a separate sheet if necessary)*

Name of Referee: \_\_\_\_\_

Title/Status: \_\_\_\_\_

Address: \_\_\_\_\_

Email \_\_\_\_\_ Ph. \_\_\_\_\_ Fax \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PART I – Applicant**

Your name: \_\_\_\_\_

Proposed course: \_\_\_\_\_

Date of commencement: \_\_\_\_\_

Name of referees: 1. \_\_\_\_\_

2. \_\_\_\_\_

**PART II – Reference**

*(Please continue on a separate sheet if necessary)*

Name of Referee: \_\_\_\_\_

Title/Status: \_\_\_\_\_

Address: \_\_\_\_\_

Email \_\_\_\_\_ Ph. \_\_\_\_\_ Fax \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_



# Universitas Indonesia

## CERTIFICATE OF HEALTH

TO BE COMPLETED BY PHYCISTS/MEDICAL DOCTOR:

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Place/Date of Birth \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                           |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <p>Visual Acuity<br/>Without glasses      Right _____ Left _____<br/>_____<br/>With glass or<br/>Contact lenses      Right _____ Left _____<br/>_____<br/>Color blindness      : yes : <input type="checkbox"/> / No : <input type="checkbox"/><br/>Physical handicap    : yes : <input type="checkbox"/> / No : <input type="checkbox"/><br/>Please mention        :</p> | <p>Auditory Acuity</p>              |
| <p>Chest X-ray<br/>Date _____ Film Number _____<br/>____ Routine size<br/>____ Small size<br/>(Please check) _____ Normal<br/>____ Tuberculosis<br/>____ Other disease<br/>( _____ )</p>                                                                                                                                                                                  | <p>Any disease or disorder else</p> |
| <p>I hereby certify that the applicant's health conditions are as above described.</p> <p>Signature _____ Date _____<br/>(Full Name)<br/>Hospital/Clinic _____<br/>Address _____</p>                                                                                                                                                                                      |                                     |





## Universitas Indonesia

### GRADUATING STUDENT CERTIFICATION OF FINANCIAL GUARANTEE

Applicant's Name as appears on passport

|                              |                                 |                     |
|------------------------------|---------------------------------|---------------------|
| Family Name                  | First                           | Middle              |
| Citizenship                  | Country of Legal Residence      | Occupation/Employer |
| Date of Birth                | Place of Birth (City & Country) |                     |
| Permanent Address            |                                 |                     |
| Mailing Address              |                                 |                     |
| Phone number(s) in Indonesia | Home                            | Mobile              |

You and your sponsor must provide for your educational and living expenses for the duration of your entire educational program at the University of Indonesia. Also, educational and/or living expenses must be provided for your dependants (if any). Please attach a bank statement indicating that either you or your sponsor has at least US\$ .....for at least a period of one month in your or your sponsor's account.

Please attach the certificate of scholarship if you are receiving scholarship from your sponsoring organization.

If you are paying for your own educational and living expenses, please attach your bank statement.

Check all that apply. A current statement from a financial institution must accompany this form if personal/private funds are chosen.

- ☐ Personal Funds  
☐ Private Sponsor

|                           |                            |            |
|---------------------------|----------------------------|------------|
| Family Name               | First                      | Middle     |
| Citizenship               | Country of Legal Residence | ID Number: |
| Relationship to Applicant | Occupation                 |            |
| Permanent Residency       |                            |            |
| Telephone:                | Fax:                       | Email:     |
| Billing Address           |                            |            |

" I guarantee that the amount of US\$ ..... will be available for the above named student for the entire duration of this program"

- ☐ Scholarship. Attach an official letter that specify the amount, terms, and duration of the award.

|                        |                 |
|------------------------|-----------------|
| Sponsoring Institution | Billing Address |
|------------------------|-----------------|

"We are willing to settle payment of tuition fees every semester on behalf of the above named student for the entire duration of this program".

Applicant's Statement:

*I fully understand the amount of money necessary to allow for educational and living expenses while studying at UI, and I certify statements on this form are correct.*

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



## Universitas Indonesia

### HOUSING Form

#### **Instructions:**

To be considered for housing, you must complete this form and send it to International Office 2 months before your arrival to Indonesia. If we do not receive it by that deadline, you will have to make your own arrangements.

Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

E-mail address : \_\_\_\_\_

Phone : \_\_\_\_\_

#### **Type of housing**

Regarding lodging, you would prefer:

##### **1) Staying on-campus**

☐ in the university dormitory

☐ in the city downtown

\_\_\_\_\_ Single-sex residence      \_\_\_\_\_ Mixed

##### **2) Staying off-campus**

☐ **Single**                      ☐ **Share**

☐ Depok, within campus neighbourhood

☐ Depok, city downtown

☐ Jakarta, within campus neighbourhood

Mark with an X your choice

#### **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 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 invalid and that, if admitted my candidature can be terminated and I can also be subject to my penalty dictated by the rules of Universitas Indonesia.

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



Universitas Indonesia

### Notice of Arrival

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

Email: [io-ui@ui.edu](mailto:io-ui@ui.edu)

Fax: (62-21) 7888 01 39

**Instructions:**

Please complete the following information regarding your arrival plans at Jakarta. By providing this information, International Office will be able to schedule appropriate pick-up arrangements for you with cost *Rp. 250.000,-* (±USD 25) per person.

Name : \_\_\_\_\_

Arrival Date : \_\_\_\_\_

Arrival Time: \_\_\_\_\_ ☐ A.M ☐ P.M.

Airport \_\_\_\_\_

Airline \_\_\_\_\_

Flight No \_\_\_\_\_

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

☐ No

Note :

## CHECKLIST

### Have you included the following:

#### I. Essential:

- ☐ Completed Application Form
- ☐ A copy of high school certificate (minimum) to register BIPA Program and Program S1, or S1 diploma to register Master Program, or Master diploma to register Doctor Program that has received full legalization by a school authority.
- ☐ A copy of grade transcript from the origin institution of candidate student
- ☐ CV/Resume
- ☐ 2 (two) Letters of Recommendation (UI form)
- ☐ 1 (one) Copy of Passport
- ☐ Certificate of Health (UI form)
- ☐ A statement letter of financial guarantee (appended by the bank statement) (UI Form) or
- ☐ A statement letter from Indonesian/Local sponsor \*
- ☐ A Statement of Purpose (in Bahasa Indonesia/English, 500 words, explaining your purpose of study)
- ☐ One copy of Evidence of English proficiency – TOEFL/IELTS (for non-native speakers of English)
- ☐ One copy of Evidence of SAT (undergraduate)/ GRE/GMAT (Master)/Research Proposal (Doctoral)
- ☐ 2 current Color photographs size 4X6
- ☐ A statement letter that the candidate student will not work and will obey all the regulations and laws enacted in Indonesia during his/her stay in Indonesia. (UI Form)
- ☐ Completed Housing form (UI Form-optional)
- ☐ Notice of Arrival form (UI Form-optional)
- ☐ 2 copies of proof of payment for registration fee (USD 30 nett)

Additional requirements for regular program (lectures conducted in Bahasa Indonesia) :

- ☐ Bahasa Indonesia certificate or TIBA test (conducted by UI) or
- ☐ Register to program of Indonesian for Foreigners (BIPA) in the Faculty of Humanities, Universitas Indonesia to take Indonesian proficiency test. (for student who doesn't have BIPA certificate or TIBA test result)

**ALL APPLICATIONS MUST BE SUBMITTED THROUGH THE INTERNATIONAL OFFICE  
(please refer to the guidelines for admission)**

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

**International Office  
Central Administration Building (PAUI), 1<sup>st</sup> floor  
Universitas Indonesia  
Depok Campus 16424  
INDONESIA**

**More Information, please contact:  
Tel: 021-7888 0139, 021-7867222 ext. 100 104  
Fax: 021- 7888 0139  
Email: [io-ui@ui.edu](mailto:io-ui@ui.edu)  
[www.ui.ac.id](http://www.ui.ac.id)**