**BIMA BACHELOR’S DEGREE PROGRAM**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  | **SUBMISSION FORM** |

**TO BE FILLED BY OFFICER**

Given name :

Surname :

Place of birth :

Date of birth : Day: \_\_\_\_ Month: \_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_

Passport number :

Passport expiration date : Day: \_\_\_\_ Month: \_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_

Nationality :

Previous School :

Home address :

ZIP/Postal Code :

Sex : ⬜ Male ⬜ Female

E-mail :

Whatsapp number :

Study Program (Bachelor) : ⬜ International Business Management Program

 ⬜ International Undergraduate Program of Business Accounting Program

 ⬜ International Civil Engineering Program

 ⬜ International Industrial Engineering Program

 ⬜ International Communication Program

 ⬜ International Undergraduate Program of Law

Been to Indonesia Before : ⬜ YES ⬜ NO

Regarding Permit Affairs: (*put a checkmark* [✓] )

|  |  |
| --- | --- |
|  | I will comply with the laws and regulations that apply in Indonesia |
|  | I will participate and comply the regulations that apply in Universitas Atma Jaya Yogyakarta |
|  | I will not ask for refugee asylum or any scholarship from Indonesia Government  |
|  | I will not be working and will not joining any political activities during my stay in Indonesia. |
|  | I will not marry or take study leave during my study. |

Along with this registration form, here I attach required documents:

|  |  |
| --- | --- |
|  | Scan of High School Diploma |
|  | Scan of Academic Score Transcript |
|  | Scholarship Application Essay |
|  | Scan of Passport valid for more than 18 Months  |
|  | Scan of Candidate Formal Photograph |
|  | Scan of International Health Insurance Statement Letter |

I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. In case any information given in this application proves to be false or incorrect, I shall be responsible for the consequences.

Signed at

 \_\_\_\_\_\_\_\_\_, Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Student Candidate(………………………………………..)Name and Signature | Parent/Guardian(………………………………………..)Name and Signature |