**BIMA UNDERGRADUATE 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 :

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

Been to Indonesia Before : ⬜ YES ⬜ NO

Regarding Permit Affairs:

|  |  |
| --- | --- |
|  | 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 comply with quarantine procedures required by the Indonesian Government. |

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 International English Proficiency Test Certificate Equivalent to TOEFL 500 or above |
|  | Scan of Passport valid for more than 18 Months |
|  | Scan of International Health Insurance Possession |

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.

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

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