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| Directions: | 1. Complete the following clearly.
2. Tick (✔) in the box to mark an answer.
 | Registration Number (by registrar) |
|  |  |  |  |  |  |  |  |  |

**A. Applicant Data**

|  |  |  |
| --- | --- | --- |
| 1. | Full Name (as appears on passport) |  |
| 2. | Place and Date of Birth |  |
| 3. | Gender | □ Male | □ Female |  |
| 4. | Marital Status | □ Single | □ Married | □ Missionary |
| 5. | Nationality |  |
| 6. | Passport No. |  |
| 7. | Date of Issue (dd/mm/yy) |  |
| 8. | Date of Expiry (dd/mm/yy) |  |
| 9. | Fund Source | □ Personal  | □ Parent/Guardian | □ Scholarship |
| 10. | Home Address |  |
| 11. | Telephone (Mobile) |  |
| 12. | E-mail |  |
| 13. | Name of Parent/Guardian |  |
| 14. | Name of Parent/Guardian  |  |
| 15. | Parent/Guardian Address |  |
| 16 | Parent/Guardian E-mail |  |
| 17. | Parent/Guardian Occupation |  |

**B. Academic History**

 1. Last School Attended :

 2. Address :

 3. Date Last Attended :

4. Presently Attending : □ Yes □ No

5. Did You Graduate? : □ Yes □ No

1. **Language Proficiency**

To study at Universitas Sanata Dharma, you MUST be proficient in Bahasa Indonesia (even for English Teaching and English Letters which are delivered in English, there are some compulsory courses in Bahasa Indonesia). Choose one of the following information:

□ I have an excellent Bahasa Indonesia proficiency needed to follow all the courses

□ I have taken Bahasa Indonesia courses before (please enclose the documentary evidence)

□ I will apply / am currently taking an Indonesian Language Program at ILCIC USD or somewhere else.

1. **Health History– *medical documentation from a doctor stating your ability to meet the academic demands in the***

 ***University is required.***

* + - 1. Do you have any disabilities, impairment, or long-term medical condition that may affect your studies?

□ No □ Yes

* + - 1. Please list any health problems that you have:

□ allergies □ asthma/bronchitis □ arthritis □ heart disease

□ psychiatric □ diabetes □ emotional □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Insurance**

Do you have health insurance? □ Yes □ No

Provider/Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Validity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cover: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Checklist**

I have included:

□ a certified copy of my passport, must be valid and current for the period of study in Indonesia

* a certified standardized English Language Proficiency Test Result (TOEFL, TOEIC, IELTS)

□ a certified copy of all academic certificates and transcript

□ 4 current color photographs (red background) size 4x6

□ a financial guarantee statement (USD form), indicating my financial ability to undertake education in USD

□ a law and employment declaration (USD form), stating that I will not engage in a job and will obey the

 Indonesian laws and regulations

□ a recommendation letter from my school/institution

□ an official medical documentation stating that I am able to meet the academic demands in Universitas Sanata Dharma.

1. **Declaration**

 If accepted, I agree:

1. to obey the law, rules and regulations of the Indonesian Government
2. to pay for the program fee, any academic expenses, and any immigration expenses needed to study in Universitas Sanata Dharma
3. to abide by the regulations of Universitas Sanata Dharma
4. to attend lecturers in an orderly manner
5. to refrain from engaging in political activities or any form of employment for profit or gain
6. not be involved in any misconduct and any form of harassment
7. not be involved in drug traffic and abuses
8. am not infected by any dangerous and contagious virus
9. to be sent back to home country if I violate the stay permit in Indonesia and the said regulations above
10. to return to my home country after I finish my study period at Universitas Sanata Dharma.

 ***Declaration:***

 *I hereby declare that the information provided above is true and correct.*

......................................., ...........................

 Student candidate

 (.......…………….......………………………… )

 Name and signature

**Recommendation Form**

**To the applicant**: Please state your name below. Next, deliver this form to the recommender. After the recommender completing the form, please seal this form in an official envelope and sign across the back.

**Name of Applicant :**

**REFEREE**

Full Name : .............................................................................................................................

Affiliation : .............................................................................................................................

Telephone (Mobile) : ......................................................... E-mail: ....................................................

1. How long have you known the applicant and what is your relationship to the applicant (e.g., instructor, professor or supervisor)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Based on your knowledge of the applicant, does the applicant have the capability to complete the study at Sanata Dharma University?

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1. The applicant has the following strengths:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. The applicant’s weaknesses which may hinder her/his study completion are as follows (if any):

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 (..............................................................)

(Referee Name and Signature)

**Recommendation Form**

**To the applicant**: Please state your name below. Next, deliver this form to the recommender. After the recommender completing the form, please seal this form in an official envelope and sign across the back.

**Name of Applicant :**

**REFEREE**

Full Name : .............................................................................................................................

Affiliation : .............................................................................................................................

Telephone (Mobile) : ......................................................... E-mail: ....................................................

1. How long have you known the applicant and what is your relationship to the applicant (e.g., instructor, professor or supervisor)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Based on your knowledge of the applicant, does the applicant have the capability to complete the study at Sanata Dharma University?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. The applicant has the following strengths:

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1. The applicant’s weaknesses which may hinder her/his study completion are as follows (if any):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (..............................................................)

(Referee Name and Signature)

**Motivation Letter**

(Please state your motivation to study at Sanata Dharma University and your expectations or plans after your study completion.)