

**OFFICE OF INTERNATIONAL EDUCATION AND RELATIONS**

**UNIVERSITAS PENDIDIKAN INDONESIA**

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**APPLICATION FORM**

**FOR INTERNATIONAL STUDENTS**

Note:

1. Please do not use handwriting to fill the form, but type on it.
2. \*) use symbol “X” to mark the selected option.
3. Attached the current photographs (4x6 cm) on the available box
4. Send the application form by email to fachru@upi.edu

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| --- | --- | --- | --- | --- | --- | --- |
| **General Information** | | | | | | |
| Full Name |  | | | | | Photo  (4 x 6 cm) |
| Sex\*) |  | Male | |  | Female |
| Nationality |  | | | | |
| Place of Birth (city) |  | | | | |
| Date of Birth (dd-mmm-yyyy) |  | | | | |
| Religion |  | | | | |
| Marital Status\*) |  | Single | |  | Married |
| Mobile/Phone No. (Country of origin) | | |  | | |
| Email |  | | | | |
| Address (Country of origin) |  | | | | | |

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| --- | --- | --- | --- |
| **Passport Details** | | | |
| Passport No. |  | Date of Issue (dd-mmm-yyyy) |  |
| Place of Issue |  | Date of Expiry (dd-mmm-yyyy) |  |

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| --- | --- |
| **Family** | |
| Father’s Name |  |
| Father’s Occupation |  |
| Mother’s Name |  |
| Mother’s Occupation |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family (Whom to notify in case of emergency)** | | | |
| Name (Family Member) |  | | |
| Relationships |  | | |
| Address |  | | |
| Mobile/Phone No. |  | Email |  |

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| --- | --- | --- | --- | --- |
| **Study Program to Take in UPI** | | | | |
| Faculty |  | | | |
| Department |  | | | |
| Duration(dd-mmm-yyyy) | from |  | to |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Home University** | | | | |
| University/Institutions |  | | | |
| Country |  | | | |
| Major of Study |  | | | |
| Degree |  | | | |
| Attending Year | From |  | to |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Language Proficiency** | | | | | | | | | |
| Mother Tongue |  | | | | | | | | |
| English test you have completed within the last two years | |  | | | | | | | |
| Test Score | |  | | | | | |
| Have you ever learned Bahasa Indonesia\*) | | |  | | Yes | |  | No |  |
| If yes, how long have you learned Bahasa Indonesia | | | | | |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Insurance** | | | | | |
| Do you have an health care insurance validated to use in Indonesia |  | Yes |  | No |  |
| Insurance Provider |  | | | | |

|  |  |
| --- | --- |
| **Plan to Enter Indonesia (For those who are not in Indonesia)** | |
| Date of Arrival in Indonesia (dd-mmm-yyyy) |  |