

**OFFICE OF INTERNATIONAL EDUCATION AND RELATIONS**

**UNIVERSITAS PENDIDIKAN INDONESIA**

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Homepage : <http://www.oier.upi.edu> E-mail : oier@upi.edu

**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 |  |

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| **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 |  |

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

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| **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 |  |

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

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