

APPLICATION FORM – International Short Program 2017 "SME Business in Indonesia: From Bali to the World!"

PERSONAL INFORMATION

Full Name	
Gender	
Passport Number	
Passport Expiration Date	(dd-mm-yyyy)
Nationality	
Place of Birth	
Date of Birth	(dd-mm-yyyy)

CONTACT INFORMATION

Email Address		
Phone Number		
Mailing Address		

ACADEMIC INFORMATION

Major/Department/Faculty	GPA	
Semester/Year		
TOEFL/IELTS Score		

HOME UNIVERSITY INFORMATION

Home University	
Contact Person	
Email	

EMERGENCY CONTACT

Name	Mr./Mrs./Ms.
Relationship	
Address	
Phone Number	
Email Address	

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People Innovation Excellence

> Syahdon Campus JI. K H. Syahdan No. 9 Kemanggisan - Palmerah Jakarta Barat 11480, Indonesia

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MEDICAL, DIETARY, OTHER INFORMATION

If you have any disability/limitation or medical condition that BINUS UNIVERSITY should be aware of, please specify here.	
If you have any allergies or special dietary requirement, please specify here.	
If you have ever been convicted of a crime offense, please specify here.	

REQUIRED DOCUMENTS

Please attach copy of these documents together with your Application Form:

- Scan copy of passport (A4)
- Scan copy of academic transcript
- Scan copy of TOEFL/IELTS or other language proficiency certificate

APPLICANT'S DECLARATION

I certify that my statements on the APPLICATION FORM – International Short Program 2017 "SME Business
People in Indonesia: From Bali to the World!" are true, complete and correct to the best of my knowledge.

Excellence I fully understand that if I join, I agree:

- 1. To follow the "SME Business in Indonesia: From Bali to the World!" program and abide the rules of the institution in which I will undertake the program;
- 2. To act in such a manner that will not bring disrepute to myself, host universities, home university or my country of citizenship during the program;
- 3. To abide the rules and regulations governing my visa;
- 4. To release information contained in this application form to relevant authorities;
- 5. That host universities is not responsible for any aspects of my action during the period of the Program;
- To allow host universities to use photographs of myself which relate to this program, taken by host universities or shared by me — the likely uses include but not limited to promotional materials (e.g. brochures, posters, newspaper articles, website, communication with educational agents, and advertising).

I am also aware of any medical condition (disability, illness or pregnancy), which might prevent me from completing my program within the time allowed.

Date:

Applicant's Full Name & Signature



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