SECTION 1

**APPLICATION FORM – SHARE Scholarship Program Batch 4**

**(This section must be completed by the student)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | | |
| Full Name |  | | | | | | |
| Gender |  | | | | | | |
| Place of Birth |  | Date of Birth | | *(dd-mm-yyyy)* | | | |
| Nationality |  | | | | | | |
| Passport Number |  | Expiration Date | | *(dd-mm-yyyy)* | | | |
| **CONTACT INFORMATION** | | | | | | | |
| Email Address |  | | | | | | |
| Phone Number |  | Mobile Number | |  | | | |
| Current Address |  | | | | | | |
| **EMERGENCY CONTACT** | | | | | | | |
| Name | Mr./Mrs./Ms. | | | | | | |
| Relationship |  | | | | | | |
| Address |  | | | | | | |
| Email |  | | Mobile Number | | |  | |
| **INFORMATION ABOUT HOME/SENDING UNIVERSITY** | | | | | | | |
| University Name |  | | | Country | | |  |
| Department/Faculty |  | Semester | |  | Year | |  |
| Major |  | | | | GPA | |  |
| TOEFL/IELTS/BUEPT Score |  | Test Taken Date | | *(dd-mm-yyyy)* | | | |
| **INFORMATION ABOUT HOST/RECEIVING UNIVERSITY** | | | | | | | |
| Department/Faculty |  | | | | | | |
| Major |  | | | | | | |
| Campus | □ Kemanggisan □ Alam Sutera □ Senayan | | | | | | |
| **SHARE SCHOLARSHIP PROGRAM COORDINATOR** | | | | | | | |
| Name | Mr./Mrs./Ms. | | | | | | |
| Position |  | | | | | | |
| Email |  | | | | | | |
| Phone Number |  | | Mobile Number | | |  | |

**APPLICANT’S DECLARATION**

I certify that my statements on the APPLICATION FORM – SHARE Scholarship Program Batch 4 are true, complete and correct to the best of my knowledge.

I fully understand that if I join, I agree:

1. To follow the SHARE student exchange 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, BINUS UNIVERSITY, host 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 BINUS UNIVERSITY is not responsible for any aspects of my action during the period of the Program;
6. To allow BINUS UNIVERSITY to use photographs of myself which relate to this program, taken by BINUS UNIVERSITY 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.

***If applicant is under 21 years old, this application must be acknowledged by parents or legal guardians.***

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Applicant’s Full Name & Signature Parent/Legal Guardian’s*

*Full Name & Signature*

SECTION 2

**LEARNING AGREEMENT – SHARE Scholarship Program Batch 4**

**(This section is an initial learning agreement. The agreement must be completed by the student and corresponding person who is responsible to approve and sign the learning agreement)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **RESPONSIBLE PERSON FOR LEARNING AGREEMENT** | | | | | | | |
| Full Name | | | Mr./Mrs./Ms. | | | | |
| Position | | |  | | | | |
| Phone Number | | |  | | | | |
| Email Address | | |  | | | | |
| **INITIAL LEARNING AGREEMENT**  *(Minimum 16 credits, maximum 24 credits)* | | | | | | | |
| Intended Host University | | |  | | | | |
| Major | | |  | | | | |
| Faculty/Department | | |  | | | | |
| **Courses to Take at BINUS UNIVERSITY** | | | | | **Courses at Home University** | | |
| **Semester** | **Course Code** | **Course Name** | | **SCU** | **Course Code** | **Course Name** | **Credit** |
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|  |  |  | |  |  |  |  |
| Total SCU | | | |  | Total credit | |  |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Student’s Full Name & Signature Head/Deputy Head of Program/Academic Advisor’s Full Name & Signature*

SECTION 3

**RECOMMENDATION LETTER – SHARE Scholarship Program Batch 4**

**(This section must be completed by a referee. A referee must be someone who has sufficient knowledge about student’s academic improvement and achievement. S/he can be the Head/Deputy Head of Program, Academic Advisor, or Lecturer)**

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT’S INFORMATION** | | | |
| Full Name |  | | |
| Gender |  | | |
| Major |  | | |
| Department/Faculty |  | | |
| **REFEREE’S INFORMATION** | | | |
| Full Name | Mr./Mrs./Ms. | | |
| Position/Title |  | | |
| Address |  | | |
| Email Address |  | | |
| Phone Number |  | Mobile Number |  |
| **REFERENCE** | | | |
| How long and in what capacity have you known the applicant? |  | | |
| What are the strengths of the applicant? |  | | |
| What are some areas the applicant can strive to improve on? |  | | |
| Share your opinion in regards to how this program can benefit the applicant. |  | | |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Referee’s Name and Signature*

SECTION 4

**STATEMENT OF PURPOSE – SHARE Scholarship Program Batch 4**

**(This section must be completed by the student)**

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| --- |
| Please state briefly the main reasons why you wish to participate in this project, as well as the added value you perceive to be attached to your mobility plan. |
|  |