

INTERNSHIP APPLICATION FORM (For International Students)

PERSONAL INFORMATION

Full Name				
Gender	Male	Female		
Place and Date of Birth				
Nationality				
Passport Number				
Passport Expiration Date				

CONTACT INFORMATION

Email Address	
Phone Number	
Mailing Address	

ACADEMIC INFORMATION

Home University	
Address	
Major	
GPA	
Year/Semester	

INTERNSHIP INFORMATION

Preferred Field of Internship <i>e.g. Business and marketing, human resources, IT, etc.</i>	1 st Option: 2 nd Option: 3 rd Option:			
Choice of Companies <i>Please refer to the following link and choose your preferred companies:</i>	1 st Option: 2 nd Option: 3 rd Option:			
Duration of Internship	3 weeks 6 weeks	9 weeks	3 months 4 months	5 months 6 months
Expected Start Date				
Additional Info or Comments				

EMERGENCY CONTACT

Name	
Relationship	
Address	
Phone Number	
Email Address	

SELF DESCRIPTION

What makes you interested in doing internship in Indonesia?	<i>Please answer in 30-50 words.</i>
Describe the workplace you are expected to work at, when you are taking internship in Indonesia.	<i>Please describe in 30-50 words.</i>
What do you know about Indonesian culture?	<i>Please explain in 30-50 words.</i>
Explain how Indonesian culture is different with your culture.	<i>Please explain in 30-50 words.</i>
What is your plan to adapt/adjust to Indonesian culture?	<i>Please answer in 30-50 words.</i>
Tell us about yourself.	<i>Please describe in 30-50 words.</i>
Identify three of your strengths.	<i>Please explain in 30-50 words.</i>
Explain three of your weaknesses.	<i>Please explain in 30-50 words.</i>

ESSAY

Please tell us specifically about your internship expectations so we can accommodate them accordingly (including job description, duties and responsibilities, motivation of internship and what you would like to achieve at the end of your internship).

STATEMENT LETTER

To Whom It May Concern

I, the undersigned:

Full Name : _____
(as shown on passport)

Birth Information : _____
(place of birth, day/month/year, as shown on passport)

Citizenship : _____
(as shown on passport)

Passport No : _____ Expiry Date (day/month/year) : _____

hereby state that I take full responsibility for my own conduct and any costs incurred from my conduct, beyond the program period with BINUS UNIVERSITY.

Program Period : _____
(start date – finish date)

The information contained in this document is true and accurate to the best of my knowledge.

Thank you for your kind attention and cooperation.

Yours faithfully,

Date: _____
(day/month/year)

(Applicant's Full Name & Signature)

REQUIRED DOCUMENTS

Please attach copy of these documents together with your Application Form

- CV
- Passport
- Academic Transcript (in English)
- Student Card
- Recommendation Letter from home university
- Health insurance during whole stay in Indonesia

APPLICANT'S DECLARATION

I certify that my statements on the Internship Application Form are true, complete and correct to the best of my knowledge.

I fully understand that if I join, I agree:

1. To follow BINUS UNIVERSITY internship program and abide the rules of BINUS as host university and the institution in which I will undertake the internship;
2. To act in such a manner that will not bring disrepute to myself, BINUS UNIVERSITY, internship site, my home university or my country of citizenship during the internship program;
3. To abide the rules and regulations governing my visa (including not receiving any salary);
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 internship 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);
7. To disburse any additional personal expenses that might occur during my study abroad program.

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 should be acknowledged by parents/guardians.)

Date: _____

Date: _____

Applicant's Full Name & Signature

Parent/Guardian's Full Name & Signature