

JOINT INTERNATIONAL SHORT PROGRAM APPLICATION FORM

PERSONAL INFORMATION

Name	<i>(Please write your name as it appears on your passport)</i>		
Gender	Male	Female	
Place and Date of Birth			
Nationality			
Passport Number			
Passport Expiration Date	<i>(Please ensure your passport has at least 6 months' prior to the end of the program)</i>		

CONTACT INFORMATION

Email Address			
Telephone Number			
Mailing Address (Home)			

ACADEMIC INFORMATION

Name of Home University			
Level of Study	Undergraduate	Graduate	
Year/Semester			
Major			
Contact Person at Home University			
Email of Home University Contact			

EMERGENCY CONTACT

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

FOOD RESTRICTIONS

<i>Please specify your food allergies or dietary restrictions below if you have any.</i>
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REQUIRED DOCUMENTS

Please scan all the required documents as one attachment as listed below, and email to Vidia Panna at vpanna@binus.edu no later than **1 June 2016**.

- Completed and Signed Application Form
- Copy of Passport
- Copy of TOEFL/IELTS



APPLICANT'S DECLARATION

I certify that the statements made by me on International Short Program Application Form are true, complete and correct to the best of my knowledge. I fully understand if I am to join, I agree to:

1. follow the course of program and abide the rules of Institutions in which I undertake to join;
2. act in such a manner that will not bring disrepute to myself, BINUS UNIVERSITY, home-University or my country of citizenship during my program;
3. abide the rules and regulations governing my visa;
4. release information contained in this application form to relevant authorities;
5. disburse any additional personal expenses not included in the cost of program that might occur during my program;
6. that BINUS UNIVERSITY is not responsible for any aspects of my action during the period of program;
7. the use of 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 should be acknowledged by parents/guardians

Date: _____
(day/month/year)

Date: _____
(day/month/year)

(Applicant's Full Name & Signature)

(Parent/Guardian's Full Name & Signature)