

SHORT COURSE APPLICATION FORM

PERSONAL INFORMATION

BINUSIAN ID/BINUS NIM		
Full Name		
Gender	Male	Female
Place and Date of Birth		
Passport Number		
Passport Expiration Date		

CONTACT INFORMATION

Email Address	
Phone Number	
Address	

ACADEMIC INFORMATION

Major			
GPA (IPK)			
Campus	Kemanggisian	Alam Sutera	Senayan
Global Class	Yes	No	
TOEFL/IELTS Score			

SHORT COURSE INFORMATION

Host University		
PIC of Host University	<i>(if any)</i>	
Email Address of PIC	<i>(if any)</i>	
Name of Short Program		
Credit Offered	Yes	No
	<i>If yes, please specify courses and number of credits offered:</i>	
Start Date		
End Date		

EMERGENCY CONTACT

Name	
Relationship	
Address	
Phone Number	
Email Address	

Syahdan Campus
Jl. K H. Syahdan No. 9
Kemanggisian - Palmerah
Jakarta Barat 11480, Indonesia

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+6221 535 0660
f. +6221 530 0244

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+6221 53 69 69 99
f. +6221 530 0655

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Alam Sutera, Tangerang 15325
Indonesia

t. +6221 53 69 69 19
f. +6221 596 74042

www.binus.ac.id



REQUIRED DOCUMENTS

Please attach copy of these documents together with your Application Form

- BINUSIAN Card and KTP (A4)
- Passport (A4)
- Academic Transcript (if required by host university)
- TOEFL/IELTS or other language proficiency certificate (if required by host university)

APPLICANT'S DECLARATION

I certify that my statements on the Short Course 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 the Short Course program and abide the rules of 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, host university or my country of citizenship during the internship 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 Short Course;
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 should be acknowledged by parents/guardians.)

Date: _____

Date: _____

Applicant's Full Name & Signature

Parent/Guardian's Full Name & Signature

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