**STUDENT EXCHANGE/ STUDY ABROAD TRACK**

 **APPLICATION FORM FOR BINUSIAN**

**HOW TO APPLY**: In order to apply for the International Student Exchange/Study Abroad Program, student must submit the completed application form and required documents to International Office – BINUS University

All Required documents must be sent to BINUS International Office by the indicated timeline:

|  |  |
| --- | --- |
| Exchange Period | Application Deadline |
| Odd/Fall Semester (Sep – Feb) | 20 Dec (previous year) |
| Even/Spring Semester (Feb – Jun) | 20 May (previous year) |

**CHECKLIST OF THE REQUIRED DOCUMENTS**

Please put “X” in the box indicating the availability of the documents.

|  |  |  |
| --- | --- | --- |
| No. | Documents | Mark |
| 1 | Completed Student Exchange/ Study Abroad Application Form |  |
| 2 | A Copy of Language Proficiency Certificate |  |
| 3 | A Copy of Passport |  |
| 4 | A Copy of BINUSIAN Card & ID Card (KTP) |  |
| 5 | A Recent Photograph (3X4) – *attached in the form* |  |
| 6 | LHSS (download from your BINUS Maya) |  |

 **IMPORTANT NOTES:**

1. All relevant sections of the form must be completed in English.
2. Besides the Hardcopy of Application, the Online Application also needs to be fill out.
3. Use font Calibri, size 11 to fill out the application.
4. Please print or Copy all documents in **A4 Paper**. **Do not cut the paper** into small pieces for ID Card, BINUSIAN Card and Passport.
5. Certificate Language Proficiency must be issued by official Testing Centers
* **TOEFL iBT** issued by ETS (Educational Testing Service)
* **IELTS** issued by British Council
* **JLPT** issued by Japan Foundation
* **DELF/ DALF** issued by IFI (Institut Français d'Indonésie)

**TOEFL Score from BINUS (BUEPT) or other prediction score is not acceptable**.

1. Passport **must be valid at least 1 year** from the application date (at least 2 years if applying for 1 year program).
2. Application form submitted without all required documents and/or signatures using picture inserted, will NOT be considered. Please refer to the check list above.
3. Please submit the hardcopy of the required documents to the following information:

BINUS International Office

Anggrek Campus – International Office 3rd floor Room 331 attn. Ms. Mega Pertiwi

Senayan (JWC) Campus – Overseas Program Room 1st floor attn. Ms. Dwita/ Mr. Bayu

Alam Sutera Campus – Student Services Center 1st floor attn. Ms. Aninda Harapan

**STUDENT EXCHANGE/STUDY ABROAD APPLICATION FORM**

*Attach here a recent color passport photo*

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| **PERSONAL INFORMATION (Please complete this part as it is written on your passport)** |
| BINUSIAN ID |  |
| Name |   |
| Gender | Male/ Female |
| Place of Birth |   |
| Date of Birth |   | *(eg. 04 April 1992)* |
| Nationality |   |
| Passport Number |   |
| Passport Expiration Date |   | *(eg. 04 April 2018)* *min. 1-2 years from the date of application*  |
|   |
| **CONTACT INFORMATION** |
| Email Address |   |
| Mobile Phone Number |  | Telephone Number |  |
| Mailing Address |    |
|   |
| **APPLICATION DETAILS** |
| Exchange Path | BINUS University’s Partner/ ISEP Network | *choose one* |
| Exchange Track | Regular Exchange Program/ 3+1 Study Abroad Track | *choose one* |
| Study Period | Odd/Fall Semester (Sep - Feb) OR Even/Spring Semester (Feb - Jun) | *choose one* |
| Host University\* | 1st -  |
| 2nd -  |
| 3rd -  |
| 4th - |
| 5th -  |
| *\*Please fill in your chosen host university (ies), sort by priority if considering more than 1 university* |
|  |
| **ACADEMIC INFORMATION** |
| Campus | Kemanggisan/ Alam Sutera/ Bekasi/ Senayan/ Bandung/ Malang | *choose one* |
| Level of Study | Undergraduate/ Graduate | *choose one* |
| Class | Regular/ Global Class | *choose one*  |
| Major |   |
| Year/ Semester  |   |
| Latest GPA |   | *(eg. 3.5 out of 4)* |
| TOEFL/IELTS/JLPT/ DELF Score |   |
| English Proficiency Test Date |   |  *at least the last two years* |
|  |  |  |  |
| **ACHIEVEMENT/AWARD\*** |  |  |  |
| Name of Achievements/Awards | Year | Institution | Other Details |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*\*only applicable for achievement received during university period. Please attach the copy of proof for the achievement (certificate/etc)*

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| **INITIAL LEARNING AGREEMENT\*** |
| Name of BINUS Academic Advisor : |  |
| Host University : |  |
|  |  |
| **BINUS Package Courses** | **Courses to Take at Host University** |
| Semester | Course Code | Course Name | SCU | Course Code | Course Name | Credit |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
| Total SCU: |   | Total Credit: |   |

*\*Fill in the courses to take at Host University table if course list is available from host Host's University's website or from IO's website. You must consult with your school/department about the courses that you intend to take during the exchange program*

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| **DEPARTMENT’S APPROVAL (Head or Deputy Head of Department/Program)** |
| Name | Mr/Mrs./Ms. |
| Position |   |
| Approval Remark\*(if GPA <2.75)*\*need to be completed if the applicant’s GPA is lower than 2.75.* |  | Signature |
|  |
| **EMERGENCY CONTACT\*** |
| Name | Mr/Mrs/Ms.  |
| Relationship |   |
| Address |   |
|   |
| Telephone Number |  | Mobile Phone Number |  |
| Email Address |   |
| \**A person to contact in case of an emergency* |
|  |
| **MEDICAL, DIETARY, OTHER INFORMATION** |
| Do you have any disability or medical condition that host University should be aware of? | YES/NO | *if yes, please explain below* |
|  |
|   |
| Do you have any allergy? | YES/NO |   |
| Do you have any special dietary requirement (e.g. vegetarian/Halal food only)? | YES/NO |   |
| Have you ever been convicted of a crime offense? | YES/NO |   |
| Do you foresee any other difficulty that may affect the completion of your study? | YES/NO |   |

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| **PERSONAL STATEMENT** |
| *Within the space below, tell us more about yourself (such as your family, interest, and aspiration). Please include your purpose for joining this program, what you expect out of this experience and how you will impact others after joining this program (min. 200 words – max. 500 words)* |

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| **APPLICANT’S DECLARATION** |
| I certify that the statements made by me on Student Exchange/Study Abroad Application Form are true, complete and correct to the best of my knowledge. I fully understand if I am to join the program, I agree to:1. follow the course of study and abide the rules of Institutions in which I undertake to study;
2. act in such a manner that will not bring disrepute to myself, BINUS UNIVERSITY, home-university or my country of citizenship during my study abroad 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 study abroad program that might occur during my study abroad 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).

If I withdraw from the program, I am aware of the terms of condition applied.Student who withdraws from Student Exchange/Short Course/other program Application / Nomination/ Confirmation: 1. Cannot apply to the same host institution(s) the following semester, but able to apply to different institution(s).
2. May be able to apply to the same host institution(s) after the following semester and beyond.
3. Will not be prioritized for scholarship and/or subsidy, if any.
4. Double cancellation may result permanent disqualification to join Student Exchange/Short Course/ other Program.
5. Priority is given to first time applicants.

I am also aware of any medical condition (disability, illness or pregnancy) which might prevent me from completing my study program within the time allowed for the program. |
|  |  | *If applicant is under 21 years old, this application should be acknowledged by parents/guardians* |
| Date: |  | Date: |  |
|  | *(day/month/year)* |  | *(day/month/year)* |
|  |  |  |  |
|  | *(Applicant’s Full Name & Signature)* |  | *(Parent/Guardian’s Full Name & Signature)* |
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