



SECTION 1

APPLICATION FORM – International Short Program 2018 "SME Business in Indonesia: From Bali to the World!" (This section must be completed by the student)

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	7	
Department/Faculty	Semo	lester		Year	
Major				GPA	
TOEFL/IELTS/BUEPT Score	Test	t Taken Date			(dd-mm-yyyy)

INFORMATION ABOUT HOST/RECEIVING UNIVERSITY

Department/Faculty			
Major			
Campus	🗆 Kemanggisan	🗆 Alam Sutera	🗆 Senayan

MEDICAL, DIETARY, OTHER INFORMATION

If you have any disability/limitation or medical condition that BINUS UNIVERSITY should be aware of, please specify here.	
If you have any allergies or special dietary requirement, please specify here.	
If you have ever been convicted of a crime offense, please specify here.	





REQUIRED DOCUMENTS

Please attach copy of these documents together with your Application Form:

- Scan copy of passport (original size on A4 paper)
- Scan copy of academic transcript
- Scan copy of TOEFL/IELTS or other language proficiency certificate

APPLICANT'S DECLARATION

I certify that my statements on the APPLICATION FORM – International Short Program 2018 "SME Business in Indonesia: From Bali to the World!" are true, complete and correct to the best of my knowledge.

I fully understand that if I join, I agree:

- 1. To follow the "SME Business in Indonesia: From Bali to the World!" 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, host universities, home 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 host universities is not responsible for any aspects of my action during the period of the Program;
- 6. To allow host universities to use photographs of myself which relate to this program, taken by host universities 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

STATEMENT OF PURPOSE – International Short Program 2018 "SME Business in Indonesia: From Bali to the World!" (This section must be completed by the student)

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