



# ENTRY FORM STUDENT EXCHANGE DARMA PERSADA UNIVERSITY 2024

## 1. Personal Information

\* Please complete the form in BLOCK LETTERS.

Photo (taken within the last 3 months) Please write your name on the back of the photo.

<b>Name</b>	<b>Full Name (Exactly the same as your passport)</b>		
	English		
	<b>Given Name (English)</b>	<b>Family Name (English)</b>	<b>Middle Name (if any)(English)</b>
	<b>Full Name (in Mother tongue)</b>		<b>Nickname (please specify the name you would like to be known by)</b>
<b>Date of Birth</b>	Day/Month/Year		<b>Age</b> (as of the day of the flight to Indonesia)
<b>Nationality</b>			<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>Religion</b>	<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian ( <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other) <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Others ( )		
<b>Mother Tongue</b>		<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married
<b>Passport**</b>	<b>Number</b>		<b>Type of Passport</b>
			<input type="checkbox"/> Private <input type="checkbox"/> Diplomat <input type="checkbox"/> Official
	<b>Date of Issue</b>		<b>Date of Expiry</b>
	(Day) (Month) (Year)	(Day) (Month) (Year)	(Day) (Month) (Year)
<b>Current Address</b>	Address		
	Tel		Fax
	Mobile		E-mail
<b>Contact Person in an Emergency</b> *This should be a parent *If you live with the contact person, please leave the address blank	<b>Full Name</b>		<b>Relationship</b>
	Address		
	Fax/Tel.		
	Mobile		E-mail
	Profession/Occupation		
<b>*If you do not have a telephone at your current address, write the name and number of a contact person</b>	<b>Name</b>	<b>Phone Number</b>	<b>E-mail</b>

\*\*Passport: If you have a valid passport, please fill in the passport section. If you don't have a passport, please leave the section blank.

## 2. Health

\* Please tick the box if applicable

<b>Blood Type</b>	<input type="checkbox"/> A ( ) <input type="checkbox"/> B ( ) <input type="checkbox"/> O ( ) <input type="checkbox"/> AB ( ) <input type="checkbox"/> Don't know *Please put the Rh Factor (+/-) inside the ( ) above, if you know it
<b>State of Health</b>	<input type="checkbox"/> Good <input type="checkbox"/> Have a physical restriction, impairment or allergy (if so, please give details: _____ ) <input type="checkbox"/> Have a Chronic disease: <input type="checkbox"/> Chronic lung disease (asthma, chronic obstructive lung disease, etc.) <input type="checkbox"/> Immunodeficiency (T cell immunodeficiency etc.) <input type="checkbox"/> Chronic heart disease (congenital heart disease, coronary artery disease etc.) <input type="checkbox"/> Metabolic disease (diabetes) <input type="checkbox"/> renal dysfunction <input type="checkbox"/> obesity <input type="checkbox"/> myasthenia gravis <input type="checkbox"/> Infectious disease (please give details: _____ ) <input type="checkbox"/> Others ( _____ ) 1. A letter of consent and a permission letter issued by a doctor may be required, depending on the applicant's state of health. 2. Medical treatment costs related to chronic diseases are not covered by the program's insurance
<b>Medicine</b>	<input type="checkbox"/> Not taking any medicine <input type="checkbox"/> Taking medicine regularly (please give details: _____ )
<b>Pregnancy</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Pregnant women may not participate in the program, for the reason stated below • Maternal and child health
<b>Food Allergies (for physical reasons only)</b>	<input type="checkbox"/> None <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish <input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> alcohol as an ingredient <input type="checkbox"/> others ( _____ )
<b>Food Restrictions (for religious reason only)</b>	<input type="checkbox"/> None <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish <input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> alcohol as an ingredient <input type="checkbox"/> others ( _____ )
<b>Food Restrictions (for reasons of custom only)</b>	<input type="checkbox"/> None <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish <input type="checkbox"/> spicy <input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> alcohol as an ingredient <input type="checkbox"/> others ( _____ )
<b>Other Allergies and Restrictions</b>	<input type="checkbox"/> None <input type="checkbox"/> dogs <input type="checkbox"/> cats <input type="checkbox"/> house dust <input type="checkbox"/> others ( _____ )

\*In meal arrangements for applicants with food allergies and/or food restrictions for religious reasons, we will make every effort to meet the participant's requirements. However, for applicants with food restrictions for reasons of customs only, please note that meals provided in the program may not always meet the participant's requests.

## 3. Academic Details

<b>Information on your School or Organization</b>	Name of School or Organization		Location: (city,province)	
	Field of study (for university students only)			
	Grade or School year (for students) as of the date of the flight to Indonesia		Tel:	Fax:
	Title (for supervisor only)			
<b>Language</b>	English Proficiency certificated score (if any, e.g. TOEFL)			
	Level of English		Level of Indonesian	
	Speaking :   Good   Fair   Poor		Speaking :   Good   Fair   Poor	
	Writing :   Good   Fair   Poor		Writing :   Good   Fair   Poor	
	Reading :   Good   Fair   Poor		Reading :   Good   Fair   Poor	
	Other Languages			

#### 4. Personal Activities

	Activities	Period of Involvement
Sports or Clubs		
Hobbies		
Academic awards or activities related to this program (if any)		

#### 5. Objectives

<p>Please describe your objectives for participation in this program.</p>	
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#### 6. Expectations

<p>Please describe your expectations from participation in this program.</p>	
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## 7. Other Information

1. Have you ever been to Indonesia before?	Yes	No	If Yes, when and how long for? (Period: DD/MM/YY - DD/MM/YY)	
2. If Yes, when, what was the purpose of your visit and where did you visit?				
3. Do You know any Indonesian song?	Yes	No	If yes, what song(s)?	
4. Do you have a favourite singer and/or Indonesian song?	Yes	No	If yes, what singer(s)?	If yes, what song (s)?
5. What is the theme or subject of your interest in Indonesia?				

### Declaration

I hereby certify that the statements made by me in this form are true and correct to the best of my knowledge.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_(Day/Month/Year)

**Parent's Signature :** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_(Day/Month/Year)