ENTRY FORM STUDENT EXCHANGE
DARMA PERSADA UNIVERSITY 2027/2028

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.	**Name**	**Full Name (Exactly the same as your passport)** English	
	Given Name (English)	**Family Name (English)**	**Middle Name (if any)(English)**
	Full Name (in Mother tongue)		**Nickname (please specify the name you would like to be known by)**

Date of Birth	Day/Month/Year	**Age (as of the day of the flight to Indonesia)**	
Nationality		**Sex**	☐M ☐F
Religion	☐Buddhist ☐Christian (☐Roman Catholic ☐Protestant ☐Other) ☐Hindu ☐Muslim ☐Others ( )		
Mother Tongue		**Marital Status**	☐Single ☐Married

Passport**	**Number**	**Type of Passport** ☐ Private ☐ Diplomat ☐Official
	Date of Issue (Day) (Month) (Year)	**Date of Expiry** (Day) (Month) (Year)

Current Address	Address	
	Tel	Fax
	Mobile	E-mail

Contact Person in an Emergency ***This should be a parent** ***If you live with the contact person, please leave the address blank**	Full Name	Relationship
	Address	
	Fax/Tel.	
	Mobile	E-mail
	Profession/Occupation	

***If you do not have a telephone at your current address, write the name and number of a contact person**	Name	Phone Number	E-mail

**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

Blood Type	☐A ( ) ☐B ( ) ☐O ( ) ☐AB ( ) ☐Don't know *Please put the Rh Factor (+/-) inside the ( )above, if you know it
State of Health	☐Good ☐Have a physical restriction, impairment or allergy (if so, please give details:) ☐Have a Chronic disease: ☐Chronic lung disease (asthma, chronic obstructive lung disease, etc.) ☐Immunodeficiency (T cell immunodeficiency etc.) ☐Chronic heart disease (congenital heart disease, coronary artery disease etc.) ☐Metabolic disease (diabetes) ☐renal dysfunction ☐obesity ☐myasthenia gravis ☐ Infectious disease (please give details:) ☐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
Medicine	☐Not taking any medicine ☐Taking medicine regularly (please give details:)
Pregnancy	☐Yes ☐No Pregnant women may not participate in the program, for the reason stated below • Maternal and child health
Food Allergies (for physical reasons only)	☐None ☐pork ☐beef ☐chicken ☐mutton/lamb ☐shrimp ☐crab ☐shellfish ☐fish ☐egg ☐ alcohol as an ingredient ☐others ( )
Food Restrictions (for religious reason only)	☐None ☐pork ☐beef ☐chicken ☐mutton/lamb ☐shrimp ☐crab ☐shellfish ☐fish ☐egg ☐ alcohol as an ingredient ☐others ( )
Food Restrictions (for reasons of custom only)	☐None ☐pork ☐beef ☐chicken ☐mutton/lamb ☐shrimp ☐crab ☐shellfish ☐ spicy ☐fish ☐egg ☐ alcohol as an ingredient ☐others ( )
Other Allergies and Restrictions	☐None ☐dogs ☐cats ☐house dust ☐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

Information on your School or Organization	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)			
Language	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

Please describe your objectives for participation in this program.	

6. Expectations

Please describe your expectations from participation in this program.	

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)**