Office of International Affairs
UNIVERSITAS AHMAD DAHLAN

APPLICATION FORM FOR INBOUND PROGRAM
AS NON-GRADUATING STUDENT

Instruction	
- Read all the form carefully - Complete all the fields in this form by using BLOCK and UPPERCASE letters. - This application must be completed in English. - For "Yes" or "No" questions, indicate your answer with an "X" in the appropriate box. - Application must be accompanied with copies of relevant certificates/transcripts and supporting documents (which mentioned in the checklist). - Omissions and illegible applications will not be processed.	Attach a recent passport size Photo 3X4 cm

Personal Details	
Title	☐ Mr ☐ Mrs ☐ Ms
Full name	
Date of birth	/ / (dd/mm/yyyy)
Place of birth	
Blood type	
Religion	
National Identity Number	
Passport no.	
Address	
Town/City	
State/Province	
Postal Code	
Country	

Mobile no.	
Email	
Fax (if any)	

Current Accademic (Home University)

Level of Study	
Specific Program	☐ AIMS ☐ Credit Transfer ☐ Joint Degree (2+2) ☐ Summer Program ☐ other _____
Year of Study/ Semester	
Student Number	
Study Program	
Faculty	
Name of University	
Address	
State/Province	
Country	

Officer	Name	
	Contact	
	Email	

Are you a recipient of any scholarships/loans?	☐ Yes ☐ No
If yes, please mention name of sponsor:	

Year signed:	Year renewed:

Courses Applied (Host University)

Program	
	☐ Scholarship ☐ Non-scholarship

Faculty	
Study Program	
Duration of Study	☐ one year ☐ two years ☐ one semester ☐ other: _____

1. Course

Course title	
Course code/credit hour	

2. Course

Course title	
Course code/credit hour	

3. Course

Course title	
Course code/credit hour	

4. Course

Course title	
Course code/credit hour	

5. Course

Course title	
Course code/credit hour	

6. Course

Course title	
Course code/credit hour	

7. Course

Course title	
Course code/credit hour	

8. Course

Course title	
Course code/credit hour	

9. Course

Course title	
Course code/credit hour	

Emergency Contact Details

Full Name	
Date of Birth	
Place of Birth	
Address	
Town/City	
State/Province	
Postal Code	
Country	
Home phone no.	
Mobile no.	
Email	
Relationship to you	

Airport Pickup

If your group needs an airport pickup service when you arrive, please fill up the details. Please kindly take note that airport pickup service is arranged only for group consist at least **4 or more students.** Please email the flight details at least one week before departure to **oia@uad.ac.id**

Date arrival	
Expected time arrival	
Flight	
Place to pick up (please specify)	

Accommodation

Do you already have a place to stay during your study in UAD?	☐ Yes	☐ No
If yes, please write down the accomodation address		
If no, what type of accommodation do you want?	☐ Kost	☐ House

Supporting Statement

Reason for Applying to Study at Universitas Ahmad Dahlan

Declaration Statements

I declare that the information contained in this application and provided in connection with it is true and correct. And I declare that I agree that Universitas Ahmad Dahlan reserve the right to reject this application, withdraw the offer of admission or terminate my admission as non-graduating student, if there is any breach of these or any other conditions established by the university.

Full Name	Signature	Date (dd/mm/yyy)
		/ /