



**MINISTRY OF RESEARCH, TECHNOLOGY, AND HIGHER EDUCATION
BOGOR AGRICULTURAL UNIVERSITY
UNDERGRADUATE/DIPLOMA PROGRAMS***

Andi Hakim Nasoetion Building 1st Floor
IPB Campus Dramaga, Bogor 16680 Indonesia
Phone: +62 251 622640/628448 Fax: +62 251 622986 e-mail: pascaipb@indo.net.id <http://pasca.ipb.ac.id>

APPLICATION PACKAGE CHECKLIST

(Use this sheet as the cover of the package)

Date :
Name of Applicant :
Home University :

Application should be sent in a complete package containing all the following documents.

Checklist

Check

1. Completed application form
2. A recommendation letter from an academic supervisor
3. Official transcript of academic record
4. Certificate of Health
5. 3 passport-size photographs
6. TOEFL score record (Applicants from non-native English speaking countries)

PLEASE SUBMIT TO:
Directorate of Collaboration and International Programs
Andi Hakim Nasoetion Building, 1st floor
IPB Campus Darmaga
Bogor 16680, INDONESIA
Phone/fax: +61 251 8622 638
Email: ico@ipb.ac.id

* Cross the program not applied

(1) Name :

Male
 Female

Paste one
photograph here
(40mm x 30mm)



**MINISTRY OF RESEARCH, TECHNOLOGY, AND HIGHER EDUCATION
BOGOR AGRICULTURAL UNIVERSITY
UNDERGRADUATE/DIPLOMA PROGRAMS***

Andi Hakim Nasoetion Building 1st Floor
IPB Campus Dramaga, Bogor 16680 Indonesia
Phone: +62 251 622640/628448 Fax: +62 251 622986 e-mail: pascaipb@indo.net.id <http://pasca.ipb.ac.id>

(Indicate the legal full name that appears in your **passport**)

_____ / _____ / _____
(Family) (Given) (Middle)

Single
 Married

(2) Present Address _____ Telephone : _____

Permanent Address : _____

Telephone : _____ fax: _____

email address (where you can be contacted from June to September) : _____

(3) Date of Birth : _____ / _____ / _____ Place of birth : _____
(Month) (Day) (Year)

(4) Country of present citizenship : _____

(5) Home institution : _____

Faculty : _____ Major field : _____

Current Academic Year : 2nd 3rd 4th Course remaining to graduate: _____

(6) Knowledge of languages

Language (mother tongue first)	Level of knowledge		
	excellent	good	fair

If your native language is not English, please enter your TOEFL score.

TOEFL : _____

(7) List the educational institutions attended after graduating from senior high school:

Institution	Location	Date of Attendance	Degree / Diploma & Date received
-------------	----------	--------------------	----------------------------------

_____	_____	_____	_____
_____	_____	_____	_____

* Cross the program not applied



**MINISTRY OF RESEARCH, TECHNOLOGY, AND HIGHER EDUCATION
BOGOR AGRICULTURAL UNIVERSITY
UNDERGRADUATE/DIPLOMA PROGRAMS***

Andi Hakim Nasoetion Building 1st Floor
IPB Campus Dramaga, Bogor 16680 Indonesia
Phone: +62 251 622640/628448 Fax: +62 251 622986 e-mail: pascaipb@indo.net.id <http://pasca.ipb.ac.id>

(8) Explain why you want to study in Indonesia. Please be as specific and concrete as possible.

(9) In order to best match you with an appropriate academic advisor, please list some key words related to your research area.

(10) Write the theme of an independent study project you would like to pursue and the reason you want to study this topic. Please be as specific and concrete as possible.

(11) Describe any academic honors, awards, or scholarships you have received



**MINISTRY OF RESEARCH, TECHNOLOGY, AND HIGHER EDUCATION
BOGOR AGRICULTURAL UNIVERSITY
UNDERGRADUATE/DIPLOMA PROGRAMS***

Andi Hakim Nasoetion Building 1st Floor
IPB Campus Dramaga, Bogor 16680 Indonesia
Phone: +62 251 622640/628448 Fax: +62 251 622986 e-mail: pascaipb@indo.net.id <http://pasca.ipb.ac.id>

=====

(12) Have you ever been to Indonesia ? Yes (Period: _____ - _____)
(Month) (Year) (Month) (Year)
 No

(13) Overseas experience : _____

(14) Occupation or work experience (if any) :

(15) Family :

Name	Age	Relationship	Occupation	Residence (Country)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(16) Passport information :
Number : _____ Date of issue : _____
Issuing authority : _____ Date of expiration : _____

(17) Emergency contact : _____
(name / address / phone number / email / fax)

I certify that all the information provided on this form and in the accompanying documents is complete and accurate to the best of my knowledge, and if admitted, I agree to comply with the rules and regulations of Bogor Agricultural University.

Date : _____ Signature : _____
(Month) (Day) (Year)



**MINISTRY OF RESEARCH, TECHNOLOGY, AND HIGHER EDUCATION
BOGOR AGRICULTURAL UNIVERSITY
UNDERGRADUATE/DIPLOMA PROGRAMS***

Andi Hakim Nasoetion Building 1st Floor
IPB Campus Dramaga, Bogor 16680 Indonesia
Phone: +62 251 622640/628448 Fax: +62 251 622986 e-mail: pascaipb@indo.net.id <http://pasca.ipb.ac.id>

CERTIFICATE OF HEALTH

Applicant's name :			
.....
(Family)	(Given)	(Middle)	
Date of birth :			Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female
.....
(Month)	(Day)	(Year)	

Height : () cm			
Weight : () kg			
Sight : Uncorrected :		Right ()	Left ()
Corrected :		Right ()	Left ()
Hearing :		Right ()	Left ()
Urinalysis	Albumin ()	Sugar ()	Occult Blood ()
Respiratory Organs : Chest X – ray : Please comment on condition of applicant's lungs, giving date of examination.			
Circulatory Organs : Blood Pressure : Systolic () Diastolic () P.R. () p.m.			
Nervous System : Please give a detailed description of any disease, including chronic ailments or physical disabilities, found. Please give the applicant's medical history.			
Is the general state of the applicant's health good enough for him/her to pursue the course of study contemplated in Indonesia ?			
<input type="checkbox"/> Excellent	<input type="checkbox"/> With prudence, probably no serious problem		
<input type="checkbox"/> Adequate	<input type="checkbox"/> Doubtful		
Signature : (Name in block)		Position :	
		Date :	

* Cross the program not applied