



**BOGOR AGRICULTURAL UNIVERSITY  
EXCHANGE PROGRAMS**

**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   | <input type="checkbox"/> |
| 2. A recommendation letter from an academic supervisor                        | <input type="checkbox"/> |
| 3. Official transcript of academic record                                     | <input type="checkbox"/> |
| 4. Certificate of Health  | <input type="checkbox"/> |
| 5. 3 passport-size photographs  | <input type="checkbox"/> |
| 6. TOEFL score record (Applicants from non-native English speaking countries) | <input type="checkbox"/> |

**PLEASE SUBMIT TO:**

**Directorate of Collaboration and International Programs**

**Andi Hakim Nasoetion Building, 1<sup>st</sup> floor**

**IPB Campus Darmaga**

**Bogor 16680, INDONESIA**

**Phone/fax: +61 251 8622 638**

**Email: [internas.icoipb@gmail.com](mailto:internas.icoipb@gmail.com)**

\* Cross the program not applied



**BOGOR AGRICULTURAL UNIVERSITY  
APPLICATION FOR ADMISSION  
EXCHANGE PROGRAMS**

Paste one  
photograph here  
(40mm x 30mm)

(1) Name : \_\_\_\_\_  
(Indicate the legal full name that appears in your **passport**)  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Family) (Given) (Middle)

- Male  
 Female  
 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<br>(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

(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 interest 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

\_\_\_\_\_  
\_\_\_\_\_

(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)



**BOGOR AGRICULTURAL UNIVERSITY  
EXCHANGE PROGRAMS**

**CERTIFICATE OF HEALTH**

Applicant's name :

(Family)

(Given)

(Middle)

Date of birth :

(Month)

(Day)

(Year)

Sex :  Male  Female

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 exchange program contemplated in Indonesia ?

Excellent

With prudence, probably no serious problem

Adequate

Doubtful

Signature : ..... Position : .....  
(Name in block)

Date : .....

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