



**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, 1st floor

IPB Campus Darmaga

Bogor 16680, INDONESIA

Phone/fax: +61 251 8622 638

Email: 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 (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 : Sex : Male 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 exchange program contemplated in Indonesia ?
 Excellent With prudence, probably no serious problem
 Adequate Doubtful

Signature : Position :
(Name in block)

Date :

* Cross the program not applied