STATEMENT LETTER

(Continuing Scholarship Acceptance)

I am, the undersigned:

Name : [Your Full Name]

Registration Number : [Your Registration Number]

Study Program : [Your Major/Program]

Faculty : [Your Faculty]

University : Universitas Trunodjoyo Madura

Hereby state that I am willing to continue receiving the Universitas Trunodjoyo Madura International Students Scholarship for the upcoming academic period 2026. I fully understand and agree to comply with all the terms and conditions set by the scholarship provider, including maintaining the required academic performance and actively participating in all scholarship-related activities.

I also declare that I **have / have never** (choose one) been the recipient of any other scholarship in Indonesia.

In addition, I hereby provide the information of my guarantor as follows:

Guarantor's Name : [Guarantor's Full Name]

Relationship : [Relationship to the Applicant]

Phone Number : [Guarantor's Phone Number]

Email Address : [Guarantor's Email]

Address : [Guarantor's Full Address]

My guarantor is aware of this scholarship and is willing to take responsibility in case of any issues or violations related to the scholarship terms.

During my study in Indonesia, I declare that I will only participate in the academic program at Universitas Trunodjoyo Madura. I will not engage in or carry out any other activities outside of this program. Furthermore, I will not work, will not married, will not become Indonesian citizen, will not take part in political activities, and will comply with all laws and regulations currently in Indonesia.

This statement is made truthfully and voluntarily. I am fully responsible for the accuracy of the information provided. Should I be found to have violated the scholarship terms or provided false information, I am prepared to accept any consequences in accordance with the applicable regulations.

If I withdraw from the Universitas Trunodjoyo Madura International Students Scholarship after the visa issuance process has been completed, I understand and agree that my country of origin will be blocked from receiving the UTISS scholarship for a period of two (2) years.

[City], [Date]
Sincerely,

[Signature]
[Your Full Name]
Applicant

Acknowledged by Parent/Guardian,

[Signature]
[Parent's/Guardian's Full Name]

Parent/Guardian

Description/Remarks : [Additional information, if any]