



## INTERNATIONAL DIPLOMA / UNDERGRADUATE STUDENT APPLICATION FORM

<p><b>Instruction</b></p> <p>1. Please complete all sections of the form clearly in block letters and in black ink.</p> <p>2. Cross (X) the box that suits your answer</p>	<p style="text-align: center;">Registration Number (<i>staff only</i>)</p>
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### A. Personal Details

1. Full Name (as appears on passport): .....
2. Place and Date of Birth : .....
3. Sex :  Female  Male
4. Marital Status :  Single  Married  Missionary
5. Religion :  Moslem  Catholic  Christian  
 Buddhist  Hindu  Others
6. Nationality : .....
7. Passport No. : .....
- Date of Issue (dd/mm/yy) : .....
- Date of Expiry (dd/mm/yy) : .....
- Issuing Country : .....
8. Mailing address :
9. Home address :
- Country :
10. Phone / Mobile :
10. Email (mandatory) :
11. Name of Parent/Guardian :
- Parent/Guardian Address :
- Parent/Guardian Email :
- Parent/Guardian Occupation : .....
12. Credit Transfer (*To be completed by all applicants seeking credit transfer*)
  - a. Previous Institution :
  - b. Address : .....
  - b. Previous Study Program :

c. Status (if applicable) :  Accredited  Not Accredited

## B. Proposed Study Program

Faculty	Study Program	Program	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
HEALTH SCIENCE	Pharmacy	Diploma 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Technology of Medical Laboratory	Diploma 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pharmacy	Undergraduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Health Administration	Undergraduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Physiotherapy	Undergraduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECONOMICS	Business Digital	Undergraduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Entrepreneurship	Undergraduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCIENCE AND TECHNOLOGY	Artificial Intelligent / RPL	Undergraduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Information System	Undergraduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C. Academic History

- Last Secondary School Attended:
- Phone / Fax :
- Address :
- Country :
- Date Last Attended :
- Presently Attending?  yes  no
- Did you graduate?  yes  no
- Year of Graduation : .....

## D. Language Proficiency

To study at Universitas Anwar Medika, you MUST be proficient in Bahasa Indonesia (except for English Teaching and English Letters, which are fully delivered in English). Documentary evidence of the following information is required with this application.

Bahasa Indonesia was the language of instruction in previous studies completed.

I intend to sit/have sat for a Bahasa Indonesia proficiency test: \_\_\_\_\_ Test date: \_\_\_\_\_

Accredited by:



I will apply / applied for / currently taking a Bahasa Indonesia Language Program at the Language Center of Universitas Anwar Medika

**E. Health History— medical documentation from a doctor stating your ability to meet the academic demands in the University is required.**

1. Do you have any disabilities, impairment, or long-term medical condition that may affect your studies?

No  Yes

2. Please list any health problems that you have

allergies  gastrointestinal  arthritis  heartburn

backpain  asthma/bronchitis  heart disease  psychiatric

emotional  diabetes  palpitations  other

\_\_\_\_\_

**F. Insurance**

Do you have health insurance?  Yes  No

Provider/Insurance Company \_\_\_\_\_

Validity: \_\_\_\_\_ Cover: \_\_\_\_\_

**G. Participation in Universitas Anwar Medika Scholarship Program**

I will participate in donating some money to USD for Scholarship Program in the amount of IDR .....

I will not participate in donating any money to USD for Scholarship Program

**H. Checklist**

I have included:

a certified copy of my passport and visa, must be valid and current for the period of study in Indonesia

a certified copy of all academic certificates and transcript

4 current color photographs (red background) size 4x6

a financial guarantee statement (USD form) enclosing a bank statement, indicating my financial ability to undertake education in USD

a law and employment declaration (USD form), stating that I will not engage in a job and will obey the Indonesian laws and regulations

a recommendation letter from my school/institution

an official medical documentation stating that I am able to meet the academic demands (recommendation in Universitas Anwar Medika)

Accredited by:



## I. Declaration

If accepted, I agree:

1. to obey the law, rules, and regulations of the Indonesian Government
2. to pay for the program fee, any academic expenses, and any immigration expenses needed to study at Universitas Anwar Medika
3. to abide by the regulations of Universitas Anwar Medika
4. to refrain from engaging in political activities or any form of employment for profit or gain
5. not involved in any misconduct and any form of harassment
6. not involved in drug traffic and abuses
7. not infected by any dangerous and contagious virus
8. to be sent back to my home country if I violate the stay permit in Indonesia and the said regulations above
9. to return to my home country after I finish my study period at Universitas Anwar Medika

I certify that the statements I have made in response to the foregoing questions are true, complete, and correct to the best of my knowledge.

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Applicant

( ..... )

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Accredited by:

