

TO WHOM IT MAY CONCERN

I would like to acknowledge that I am

Name :
Place and Date of Birth :
Nationality :
Passport No. :

and declare that I

1. have got the information on Indonesian regulations concerning Immigration regulations and Stay Permit to the best of my understanding.
2. will respect and obey conducted regulations based on Indonesian rules related to my stay in Indonesia and study at ITB.
3. will take full responsibility on any consequences if I do not follow the Indonesian Immigration rules and regulations
4. will never take part in any political activities during my study in ITB.
5. will never earn a living during my study in ITB.
6. I understand and agree that ITB will only sponsor my residence permit for the duration of my studies at ITB.

I understand that the breaking of the rules and regulations will lead to the refusal of my application or cancellation of enrollment. I give permission to the Institute to obtain official records from any educational institution attended by me.

Date:/...../20....

Signature

(Full Name)