



APPLICATION FORM FOR STUDENT EXCHANGE PROGRAM (INBOUND)

Instructions:

1. This application is for students who are applying to the Brawijaya University as part of a specific exchange agreement between the Brawijaya University and a partner institution. Application will not be assessed without the signed endorsement of the partner institutions International Office.
2. Please fill in block letter and tick (✓) whichever appropriate.

PART 1: TO BE COMPLETED BY THE APPLICANT

A. PERSONAL DETAILS

Full Name : _____
(As appear on the passport)

Nationality: _____ Date of Birth (dd/mm/yy): _____

Gender (M / F): _____ Religion: _____

Passport No: _____ Place of Issue: _____

Passport Expiry date: _____

Contact No: _____ Email Address: _____

State: _____ Country: _____

Address: _____



B. ACADEMIC DETAILS

Name of Study Program:	
Name of Department:	
Name of Faculty:	
Name of University:	
Name of Current Degree:	
Current Semester:	
Current GPA:	
English Proficiency	<i>Please indicates your current English proficiency by ticking the box below</i>

Speaking: Beginner Intermediate Advanced Superior

Writing: Beginner Intermediate Advanced Superior

C. DETAILS OF EXCHANGE PROGRAMME

Proposed University:	University Brawijaya
Proposed Faculty:	Faculty of Administrative Sciences
Proposed Department:	Department of Public Administration
Proposed Study Program	Public Administration Program
Length of period:	One (1) Semester
Starting Semester	September 2021 – January 2022

COURSE TO BE TAKEN

NO.	COURSE CODE	COURSE NAME	CREDIT HOUR
TOTAL CREDIT HOURS			



D. CHECKLIST OF APPLICATION

- Certified copy of your academic transcript (in English)
- Please attach a copy of recommendation letter on English proficiency and support for mobility Program
- Please attach a curriculum vitae
- Please attach a student Identity Card

E. STUDENT DECLARATION

- I declare that the above information is correct. I understand that admission to University Brawijaya as an exchange student does not entitle me to be awarded a qualification from University Brawijaya and I will return back to my home university after completing my exchange program. I also understand that I am subjected to all rules and regulations at Host University while studying at Host University.

Signature : _____

Full Name : _____

Date : _____

PART II: TO BE COMPLETED BY THE APPLICANT INTERNATIONAL OFFICE

Note : This application is to be approved and submitted by your International Office to the address below.

A. STUDENT PROGRAMME COORDINATOR

Title: Prof / Assoc. Prof. / Dr. / Mr. /Mrs. /Ms.

Name: _____

Position: _____

Office / Department: _____

Contact no.: _____ Fax no.: _____

Email: _____

Correspondence Address: _____



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET, DAN TEKNOLOGI
UNIVERSITAS BRAWIJAYA

FAKULTAS ILMU ADMINISTRASI

Jl. MT. Haryono 163, Malang 65145, Indonesia

Telp: +62-341-553737, 568914, 558226 Fax: +62-341-558227

<http://fia.ub.ac.id>

Email: fia@ub.ac.id

Does this university have active MoU with University Brawijaya?

Yes

No

Does this student receive financial/support? Yes No
If yes, please state below and submit letter of sponsorship.

B. DECLARATION

This is to certify that the above applicant is a registered student of this university.

Name of the International Office: _____

Position: _____

Signature: _____

Date: _____
