

SECTION 1

APPLICATION FORM
“Lean Entrepreneurship in Indonesia”
(This section must be completed by the student)

PERSONAL INFORMATION

Full Name			
Gender			
Place of Birth	Date of Birth	<i>(dd-mm-yyyy)</i>	
Nationality			
Passport Number	Expiration Date	<i>(dd-mm-yyyy)</i>	

CONTACT INFORMATION

Email Address			
Phone Number	Mobile Number		
Current Address			

EMERGENCY CONTACT

Name	Mr./Mrs./Ms.		
Relationship			
Address			
Email	Mobile Number		

INFORMATION ABOUT HOME/SENDING UNIVERSITY

University Name		Country	
Department/Faculty	Semester	Year	
Major		GPA	
TOEFL/IELTS/BUEPT Score	Test Taken Date	<i>(dd-mm-yyyy)</i>	

MEDICAL, DIETARY, OTHER INFORMATION

If you have any disability/limitation or medical condition that BINUS UNIVERSITY should be aware of, please specify here.	
If you have any allergies or special dietary requirement, please specify here.	
If you have ever been convicted of a crime offense, please specify here.	

REQUIRED DOCUMENTS

Please attach copy of these documents together with your Application Form:

- Scan copy of passport (original size on A4 paper)
- Scan copy of academic transcript
- Scan copy of TOEFL/IELTS or other language proficiency certificate

APPLICANT'S DECLARATION

I certify that my statements on the APPLICATION FORM – International Short Program 2018 “Lean Entrepreneurship in Indonesia” are true, complete and correct to the best of my knowledge.

I fully understand that if I join, I agree:

1. To follow the “Lean Entrepreneurship in Indonesia” program and abide the rules of the institution in which I will undertake the program;
2. To act in such a manner that will not bring disrepute to myself, host universities, home university or my country of citizenship during the program;
3. To abide the rules and regulations governing my visa;
4. To release information contained in this application form to relevant authorities;
5. That host universities is not responsible for any aspects of my action during the period of the Program;
6. To allow host universities to use photographs of myself which relate to this program, taken by host universities or shared by me — the likely uses include but not limited to promotional materials (e.g. brochures, posters, newspaper articles, website, communication with educational agents, and advertising).

I am also aware of any medical condition (disability, illness or pregnancy), which might prevent me from completing my program within the time allowed.

If applicant is under 21 years old, this application must be acknowledged by parents or legal guardians.

Date: _____

Date: _____

Applicant's Full Name & Signature

*Parent/Legal Guardian's
Full Name & Signature*

SECTION 2

STATEMENT OF PURPOSE
“Lean Entrepreneurship in Indonesia”
(This section must be completed by the student)

Please state briefly the main reasons why you wish to participate in this program, as well as the added value you perceive to be attached to your mobility plan.