



REGISTRATION FORM FOR NEW STUDENT
FOR ACADEMIC YEAR 2009/2010

Please Use Capital Letter

Name			
Faculty	:		Code :
Field of Study	:		Code :
Level of Study	:	Degree/Non Degree	
N I M	:		
No. Register	:		
Place/Date of Birth	:		Code :
			Code :
Permanent Home Address	:		
			Postcode :
			Tel/Fax /HP :
Address In Jogjakarta	:		
			Postcode :
			Tel/Fax /HP :
Sex	:		
Nationality	:		
No. Pasport	:		
Issued	:		on by (authority)
Expire Date	:		
Visa	:	VKSB / VITAS / DINAS	Arrival Date :
Marital Status	:		
Sponsor	:		
Relations to Sponsor	:		
Religion	:		
Previous School	:		
Address of Previous School	:		
No. Certificate	:		
STTB/Graduation Certificate	Year :	Number Of Subjects :	GPA :
UNAS/A-Level/Matriculation/Pre-U	Year :	Number Of Subjects :	GPA :
No. of Sister/Brother	:		
Father's Name	:		
Home Address	:		
			Postcode :
			Tel/Fax/HP :
Place/Date of Birth	:		
The Last Educational Background	:		Year :
Occupation	:		Income :
Name of Business or Organization	:		
Mother's Name	:		
Place/Date of Birth	:		
The Last Educational Background	:		Year :
Occupation	:		Income :
Name of Business or Organization	:		

Head, Office of International Affairs

Dr. Rachmat Sriwijaya

Yogyakarta,
Applicant's Signature

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