

Application of Admission for International Student

## INSTITUT TEKNOLOGI BANDUNG

## INTERNATIONAL RELATION OFFICE

Jalan Ganesha 17 Bandung 40132, Telp/Fax +62-22-2504282

## **Application for Student Exchange Program**

Indicate semester and acad	lemic year for which you	are applying to en	roll in				
[ ] Semester I (August) Academic Year		•	Semester I & II cademic Year				
Intended Field of Study at	INSTITUT TEKNOLOG	SI BANDUNG					
Field:	Faculty/School:						
<b>Degree Level of Study at I</b>	NSTITUT TEKNOLOG	I BANDUNG					
[ ] Bachelor Degree [ ] M	faster Degree [ ] Doctor	al Degree					
Name (Provide your name e	exactly as it appears on you	ır passport)					
(Last/Family Name)	First	Middle					
Sex: [ ] Male [ ] Female	Marital Status: [ ] Sing	le [] Married					
Birthdate (day/mo/yr)/	// Birthplace (c	ty, country)					
Nationality	·						
Passport (Specify date and	country issued):						
Number Date Is	ssued Country Issue	d					
Home Address (Indicate v TEKNOLOGI BANDUNG		rmation about you	r admission to <b>INSTITUT</b>				
Street address		Ci	ty				
Province/State	Zip Code	Co	untry				

Student Exchange – INSTITUT TEKNOLOGI BANDUNG

chronological	order. Use a	separate	sheet for	r addition	nal information.)			
1. Institutio	n, city and c	ountry						
	ield of study							
Period of study (mo/yr-mo/yr)  GPA/Degree obtained or expected								
2. Institutio	n, city and c	ountry						
Major/Field of study								
Period of study (mo/yr-mo/yr)								
GPA/De	egree obtaine	ed or exp	ected					
Date graduat	ted or expect	ed						
English Lan	ıgılage Profi	ciency	(For noni	native sne	eakers, list English examinations you have taken in			
the past 12 n				nauve spo	carcis, list English examinations you have taken in			
1. Name of 1								
				] IELTS	[ ] Other			
Test date (da				_				
Indicate your								
-	Excellent	Good	Fair	Poor				
Reading		[]	[]	[]				
Writing		[]		[]				
		[]		[]				
Listening	[]			[]				
Visa Inform	nation (Indic	cate types	s of visa	you are g	oing to apply)			
City								
Province/State	Province/State Zip Code				Country			
Valid		days						
Health Insu	rance Infor	mation						
Name of the medical insurance agency								
Contact address of the agency								
Membership	No							

Educational Background (List all colleges and universities previously attended, if applicable, in

Financial Source for Studying at INSTITUT TEKNOLOGI BANDUNG					
[ ] Scholarship (specify source)					
[ ] Personal Funds					
Academic References (Letters of Recor	mmendation)				
Statement of Purpose					
-	our motivation, objective of study, research experience and d research area which you would like to conduct at <b>INSTITUT</b> ed benefits and plan after graduation.				
I hereby agree to apply for admission to that the information provided above is	o study at INSTITUT TEKNOLOGI BANDUNG, and certify correct to the best of my knowledge.				
Signature	Date				
Along with your completed application  [ ] A cover letter from home university [ ] An official transcript [ ] A statement of purpose [ ] List of courses planned to be taken [ ] A copy of passport [ ] Two passport size photograph	form, please enclose the following required documents.				
[ ] An academic references *(candid letters and academic references and letters are academic required by the second secon	•				

Please submit the application form and all required documents to the coordinator at the sending institution. If necessary, send the documents to the following address.

International Relation Office (IRO)
INSTITUT TEKNOLOGI BANDUNG
Jl. Ganesha 17
Bandung, 40132
West Java, INDONESIA
Telephone/Fax: +62 22 250-4282

email: iro@itb.ac.id

## **IMPORTANT DATES**

**Deadline of application submission** 

- **April 15** for application to enroll in the first semester (August December)
- **September 15** for application to enroll in the second semester (January May)

If there is any inquiry, feel free to contact us at the above address or visit our website http:\\www.international.itb.ac.id