SECTION 1

**APPLICATION FORM – SHARE Scholarship Program Batch 4**

**(This section must be completed by the student)**

|  |
| --- |
| **PERSONAL INFORMATION**  |
| Full Name |  |
| NIM/BINUSIAN ID |  | Gender |  |
| Place of Birth  |  | Date of Birth | *(dd-mm-yyyy)* |
| Nationality |  |
| Passport Number  |  | Expiration Date | *(dd-mm-yyyy)* |
| **CONTACT INFORMATION** |
| Email Address |   |
| Phone Number |  | Mobile Number |  |
| Current Address |   |
| **EMERGENCY CONTACT** |
| Name | Mr./Mrs./Ms.  |
| Relationship |  |
| Address |  |
| Phone Number |  | Mobile Number |  |
| **ACADEMIC INFORMATION** |
| Department/Faculty |  | Semester |   | Year |  |
| Major |  | GPA |  |
| Campus | □ Kemanggisan □ Alam Sutera □ Senayan |
| TOEFL/IELTS/BUEPT Score |  | Test Taken Date | *(dd-mm-yyyy)* |
| **APPLICATION DETAILS** |
| Exchange Track | □ Regular □ 3+1 Track □ Global Class |
| Intended Host University*(Please sort your intended host universities by priority)* | 1. |
| 2. |
| 3. |

**APPLICANT’S DECLARATION**

I certify that my statements on the APPLICATION FORM – SHARE Scholarship Program Batch 4 are true, complete and correct to the best of my knowledge.

I fully understand that if I join, I agree:

1. To follow the SHARE student exchange 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, BINUS UNIVERSITY, host 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 BINUS UNIVERSITY is not responsible for any aspects of my action during the period of the Program;
6. To allow BINUS UNIVERSITY to use photographs of myself which relate to this program, taken by BINUS UNIVERSITY 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

**LEARNING AGREEMENT – SHARE Scholarship Program Batch 4**

**(This section is an initial learning agreement. The agreement must be completed by the student and approved by the Head/Deputy Head of Program or Academic Advisor)**

|  |
| --- |
| **RESPONSIBLE PERSON FOR LEARNING AGREEMENT** |
| Full Name | Mr./Mrs./Ms. |
| Position  |  |
| Phone Number |  |
| Email Address |  |
| **INITIAL LEARNING AGREEMENT***(Minimum 16 credits, maximum 24 credits)* |
| Intended Host University |  |
| Major |  |
| Faculty/Department |  |
| **BINUS Package Courses** | **Courses to Take at Host University** |
| **Semester** | **Course Code** | **Course Name** | **SCU** | **Course Code** | **Course Name** | **Credit** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Total SCU |  | Total credit |  |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Student’s Full Name & Signature Head/Deputy Head of Program/Academic Advisor’s Full Name & Signature*

SECTION 3

**RECOMMENDATION LETTER – SHARE Scholarship Program Batch 4**

**(This section must be completed by a referee. A referee must be someone who has sufficient knowledge about student’s academic improvement and achievement. S/he can be the Head/Deputy Head of Program, Academic Advisor, or Lecturer)**

|  |
| --- |
| **APPLICANT’S INFORMATION** |
| Full Name |  |
| NIM/BINUSIAN ID |  |
| Major  |  |
| Department/Faculty |  |
| **REFEREE’S INFORMATION** |
| Full Name | Mr./Mrs./Ms. |
| Position/Title |  |
| Address  |  |
| Email Address |  |
| Phone Number |  | Mobile Number |  |
| **REFERENCE** |
| How long and in what capacity have you known the applicant? |  |
| What are the strengths of the applicant? |  |
| What are some areas the applicant can strive to improve on? |  |
| Share your opinion in regards to how this program can benefit the applicant. |  |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Referee’s Name and Signature*

SECTION 4

**STATEMENT OF PURPOSE – SHARE Scholarship Program Batch 4**

**(This section must be completed by the student)**

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