



APPLICATION FORM - S1 UNDERGRADUATE PROGRAM

STUDENT PROFILE

Test date / /
DD/MM/YY

First Name _____ Last Name _____

Gender Male Female

Place of Birth _____ Date of Birth / /
DD/MM/YY

ID Number [Passport/KTP/Student ID] _____ Religion _____

Home Address [required] _____

Country / State _____ Postal Code [required] _____

Telephone / Fax. _____ Mobile _____

Email _____



MAILING ADDRESS

Address _____

Country / State _____ Postal Code _____

PARENT OR GUARDIAN PROFILE

Name of Parents / Guardian _____

Parents / Guardian's Business _____ Mobile _____ E-mail _____

EDUCATION

High School _____ Concentration [IPA/IPS/Int'l/Others] _____

Address _____

Date Completed / /
DD/MM/YY

PROGRAM & MAJOR OF CHOICE

1. _____ 2. _____ 3. _____

DECLARATION

I declare that the information in this application is true and complete to the best of my knowledge. I acknowledge that any incorrect information or documentation may lead to a cancellation of my offer or enrollment by President University. I have read and understood the policies and procedure outline in the brochure and agree to abide by no refund policies as specified. I understood that President University reserve the right to discontinue or alter any course, subject, fees, administration requirement, staffing or other arrangement without prior notice.

_____ , _____

Signature _____

Office of Admission Officer _____