



SCHOLARSHIP REGISTRATION FORM

STUDENT PROFILE

Apply for : School Report Scholarship
 Sport Scholarship

First Name		Last Name	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Place of Birth	Date of Birth		Photo 4x6 cm
	DD/MM/YY / DD/MM/YY / DD		
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	Consentration [IPA/IPS/Int'l/Others]
Address	
Date Completed	DD/MM/YY / DD/MM/YY / DD

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