

Documents Handover

Documents To Be Submitted	Status	The Date of Collection	Signature Staff	Signature Students
Copy/Scan color of Passport				
Copy/Scan color of Valid ID				
Copy of Birth Certificate (2)				
Curriculum Vitae				
Legalized Copy of Bachelor Degree Certificate(2)				
Legalized Copy of Academic Transcript (2)				
Photo 3x4 with red background (2)				
Photo with red background 4x6 (2)				
Legalized Copy of DIKTI Letter (1) for overseas graduate				
Copy of Limited Stay Permit (2) for non-Indonesian passport holder				
Stamp Duty of Rp. 6000,- (1)				

PERSONAL DATA

PROGRAM DATE

DATE OF APPLICATION

School Year : 2019 to 2020

day month year

PROGRAM OF STUDY : _____

DEGREE PROGRAMS

PERSONAL DETAILS

Professional Title (e.g., Atty./Dr./Military Rank)

Nickname

Please write your name as it appears in your previous school's records.

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Address Number	Street
<input type="text"/>	<input type="text"/>

District	City	Postal Code and Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone (Country Code, Area Code, and Number)	Fax (Country Code, Area Code, and Number)	E-Mail
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mobile (Country Code, Area Code, and Number)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Dietary Restriction / Preference
<input type="text"/>		<input type="text"/>

Nationality	Citizenship	Religion
<input type="text"/>	<input type="text"/>	<input type="text"/>

Birthdate <input type="text"/> <input type="text"/> <input type="text"/> day month year	Age as of July this year <input type="text"/> <input type="text"/>
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Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Widow(er)
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EDUCATIONAL HISTORY

ACADEMIC AND PROFESSIONAL QUALIFICATIONS

Undergraduate / Bachelor's Degree

Institution	Address							
Degree	Specialization	Date Received <table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>day</td> <td>month</td> <td>year</td> </tr> </table>				day	month	year
day	month	year						

Graduate Degree

Institution	Address							
Degree	Specialization	Date Received <table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>day</td> <td>month</td> <td>year</td> </tr> </table>				day	month	year
day	month	year						

Attach certified copies of full academic transcript of records, and keys to grading system used. All documents must be in English. Otherwise, certified English translations must also be attached.

PROFESSIONAL HISTORY

Present Employer (indicate if self-employed)	Department / Division							
Position	Date of Employment <table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>day</td> <td>month</td> <td>year</td> </tr> </table>					day	month	year
day	month	year						
Description of Job Responsibilities								
Company Address								
Number	Street							
District	City	Postal Code and Country						
Telephone (Country Code, Area Code and, Number)	Fax (Country Code, Area Code and, Number)	E-Mail						
Industry	Products / Services							
Sector <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Non-profit								

PREVIOUS EMPLOYERS

Begin with your most recent employment excluding present employer. Please use separate sheet of paper if the space provided below is not sufficient.

Company	Position / Title	Description of Job Responsibilities	From (Approximate Dates (i.e., dd/mm/yy))	To

Total Work Experience as of July this year Years in Supervisory Level Years in Managerial Level

Person in charge of training in your company

OTHER INFORMATION

Address where you wish to receive updates regarding the status of your application			<input type="checkbox"/> Office	<input type="checkbox"/> Home
Phone number where you wish to be contacted regarding the status of your application			<input type="checkbox"/> Office	<input type="checkbox"/> Home <input type="checkbox"/> Cellular Phone
Person to notify, in case of emergency		Relationship		
Address				
Number and Street		District and City		Postal Code and Country
Telephone (Country Code, Area Code, and Number)		Fax (Country Code, Area Code, and Number)		E-Mail

FINANCIAL SUPPORT

Student will need funds to meet the tuition fees. Please indicate the type of financial support available

to you. I am self-financed / have family support

I will depend on company sponsorship (please attach original copy of letter of support from sponsor)

I will depend on the Institute Scholarship (Please provide letter of intent addressed to UPH EEC Scholarship Committee)

Others (please specify) _____

Person to address Statement of Account (applicable if company-sponsored)		Position		
Address				
Number and Street		District and City		Postal Code and Country
Telephone (Country Code, Area Code, and Number)		Fax (Country Code, Area Code, and Number)		E-Mail

SOURCE OF INFORMATION ABOUT UPH

Alumni Friends Letter from UPH UPH Webpage

Advertisements Company UPH Brochure Others (please specify) _____

What is your objective in attending this program?

For continuing education To know the current industry trends

Networking Career enhancement / improvement

Others (please specify) _____

ESSAYS

- Please answer the essay questions (refer to the next page)

DOCUMENTS TO BE SUBMITTED

Copy of Passport Copy of Valid ID Copy of Birth Certificate Legalized Copy of Bachelor Degree Legalized Copy of Academic Photo 4x6 & 3x4

DECLARATION AND SIGNATURE

I agree: to comply with the rules on admission and enrollment of UPH.
to notify the Admissions Board of UPH if there is any change in the information I have given in this application.

I understand: Signature that documents submitted in support of this application become property of UPH,

that UPH may change or revoke any decision if the information supplied is incorrect.

I declare that the information in this application form are true and correct.

Date

day	month	year

Answer each question in essay form, typed single-spaced, on separate letter-sized paper, with one-inch margins on all sides.
Type your name at the top of each page.

1. Describe your greatest accomplishment and awards to date.
2. Briefly describe your firm's principal activities, your organizational unit's role in it and your current responsibilities.
3. How do you see your future work and career in your company?
4. Explain how our IMM/IEMM/MHM program can contribute to your future work and career in your company.
5. Specify, in order of importance, the areas that you think you need to develop most to enable you to assume higher managerial positions in your company.



ADMISSION STATEMENT

READ CAREFULLY BEFORE YOU SIGN!

Bacalah dengan seksama sebelum Anda menandatangani

I, the undersigned below
Saya yang bertanda tangan di bawah ini,

Form Number :
Nomor Formulir

Full Name :
Nama Lengkap

Hereby affirm that,
dengan ini menegaskan bahwa,

1. I will not in any conduct against the law; bring, consume, and/or distribute illegal drugs or alcoholic drinks. The right to be a student of UPH will be denied should I fail the health examination/drug examination.
Tidak akan melakukan semua perbuatan yang melanggar hukum; membawa, mengkonsumsi serta mengedarkan obat terlarang (narkoba)/minuman keras. Hak sebagai mahasiswa UPH akan gugur bila tidak lulus dalam tes kesehatan/tes narkoba.
2. I am willing to accept all sanctions for any INCORRECT information I have stated and may no longer alter content of the Registration Form once it is being submitted.
Bersedia menanggung segala sanksi apabila informasi yang saya berikan TIDAK BENAR dan tidak dapat mengubah isi formulir pendaftaran jika sudah diserahkan.
3. I will not send substitute to attend the admission test.
Saya tidak akan mengirim pengganti untuk mengikuti ujian saringan masuk.
4. All payments transferred to Pelita Harapan Foundation are declared as the final decision, finalized by the depositor, can't be refunded for any conditions.
Semua pembayaran yang telah disetor ke Yayasan Pelita Harapan dinyatakan sebagai keputusan terakhir dari pihak penyetor dan tidak dapat ditarik kembali dengan alasan dan kondisi apapun
5. I have read, known, and understood the regulations and registration requirements stated on this Manual Book.
Telah membaca, mengetahui, mengerti ketentuan dan persyaratan pendaftaran dalam Buku Petunjuk ini.
6. I am willing to abide by the Regulations stated by the University, both presently and in the future, within the area of UPH.
Bersedia mentaati Statuta, Peraturan Tata Tertib Kampus dan peraturan lain yang telah dan akan diberlakukan di UPH.

Jakarta, _____ 20____

Prospective Student's Signature & Full Name

Materai 6000
