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4x6

**State Polytechnic of Sriwijaya**

**APPLICATION FORM**

**FOR ADMISSION**

Please read the Guidelines prior to completing this form. Type or print in block letters in English.

|  |
| --- |
| **Program** |
| Diploma Program (D III) |
| Applied Science Bachelor Program (D IV)**The International Relation Office (IRO) – POLSRI**Jl. Srijaya Negera Bukit BesarPalembang 3059e-mail: humas@polsri.ac.id |
| Transfer Program (D IV)  |

Please complete with capital letters

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Last/Family Name: | First Name: |
| Middle Name: | Blood Type: |
| Marital status: | Nationality: |
| Place/Date of Birth: |
| Sex: Male / Female |
| Mailing Address: |
| Permanent/Home Address:(if different)Tel: Mobile: Fax: Email: |

**PARENT DETAILS**

1. **FATHER**

|  |  |
| --- | --- |
| Last/Family Name: | First Name: |
| Middle Name: | Title: Mr/Ms/Mrs |
| Marital status: | Nationality: |
|  |  |
| Place/Date of Birth: |
| Mailing Address: |
| Permanent/Home Address:(if different)Tel: Mobile: Fax: Email: |

**PARENT DETAILS**

1. **MOTHER**

|  |  |
| --- | --- |
| Last/Family Name: | First Name: |
| Middle Name: | Title: Mr/Ms/Mrs |
| Marital status: | Nationality: |
|  |  |
| Place/Date of Birth: |
| Mailing Address: |
| Permanent/Home Address:(if different)Tel: Mobile: Fax: Email: |

**ACADEMIC HISTORY**

Last High School Attended

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of School | City/Province/Country | From (mm/yy) | To (mm/yy) | Grade Completed\* |
|  |  |  |  |  |

Name of College or University which you are presently attending\*

|  |
| --- |
| Name of College/University |
| Complete Address |
| Tel | Fax | Email Website |
| Year in College/University | Cumulative GPA |

 \*Academic transcripts must be submitted as part of your enrolment package

**Bahasa Indonesia Proficiency**

 Have you ever learned Bahasa Indonesia? Yes No

If yes, how long have you learned Bahasa Indonesia?

**STUDY PROGRAM AND COURSES DETAILS**

Please notify the name of the study program and courses in which you wish to enroll

Please list the courses in which you **are/have been** \*\*) enrolled:

|  |  |
| --- | --- |
| Study Program | Courses (e.g. undergraduate/diploma/etc.) |
|  |
|  |
|  |
|  |

\*\*) select the correct one

**OTHER INFORMATION**

**Health Insurance**

Do you have health insurance? Yes No

If yes, please provide insurance details here

If not, you are strongly suggested to take medical insurance from home for illness and injury while in Indonesia.

**Whom to notify in case of emergency**

Name

 Address

Tel Fax Email

Relationship

**Finance**

How would you finance yourself at the State Polytechnic of Sriwijaya?

 Self Family Employer Scholarship

Name of Scholarship

Have you obtained the scholarship yet? Yes No

If yes please mention the name of funding organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Source of Information about State Polytechnic of Sriwijaya**

Please indicate two most important sources of information which influenced you to apply for an undergraduate place at State Polytechnic of Sriwijaya

|  |  |
| --- | --- |
|  Advertisement in ……….. |  World Wide Web |
|  Recommendation from Student  |  Education Fair |
|  Polytechnic Prospectus |  Recommendation from Tutor/Academic |
|  Departmental Information |  Other (please specify ………………………………..) |
| \_\_\_\_ Poster |  |

**Special Needs**

The Polytechnic welcomes applications from people with special needs and considers them on the same academic grounds as those from candidates. It is helpful to know about your special needs in advance so that we can discuss whether facilities are available in the Polytechnic. Applicants with special needs are encouraged to contact the International Office in order to assess their special needs.

Do you have a disability/special needs/medical condition? Yes No

Are you a registered disabled person? Yes No

If you have special needs, please tick which are applicable to you:

\_\_\_ Dyslexia \_\_\_ Need personal care support

\_\_\_ Blind/partially sighted \_\_\_ mental Health Difficulties

\_\_\_ Deaf/hearing impairment \_\_\_ an unseen special need e.g. Diabetes, epilepsy, asthma

\_\_\_ Wheelchair user/mobility difficulties \_\_\_ Other (please specify ………………………….)

\_\_\_\_ Poster

**DECLARATION OF CRIMINAL RECORD**

Do you have any criminal convictions? Yes No

**Declaration**

I certify that I have read and answered all the questions to this application form in a trustworthy and complete way and I agree to keep it updated as necessary. If I am admitted at State Polytechnic of Sriwijaya, I agree to abide by its rules and regulations. At the same time, I am aware of the fact that, in case of omitting information in my application, my admission can be denied.

Applicant’s Signature:

Date: