

## **INTERNATIONAL UNIVERSITY LIAISON INDONESIA**

ENROLMENT FORM	Date of enrolment://	
BATCH:	☐ Regular	☐ Transfer
1. STUDY PROGRAM		
ENGINEERING	LIFE SCIENCES	BUSINESS AND SOCIAL SCIENCES
☐ Automotive Engineering (Mech. Eng)	Food Technology	☐ Aviation Management (Management)
☐ Aviation Engineering/Avionics	☐ Biomedical Engineering	☐ Hotel and Tourism Management
☐ Computer Science	☐ Chemical Engineering	☐ International Business Administration
☐ Electrical Engineering		☐ International Relations
☐ Industrial Engineering		
☐ Mechanical Engineering		
☐ Mechatronics Engineering (El. Eng.)		
2. PERSONAL DATA		
First Name (Based on the birth certificate)	Middle Name	Last Name
Place of Birth	Date of Birth	Country of Birth
Gender: $\square$ Male		
Nationality	Citizenship	Religion
Marital Status: Single	☐ Married	_
3. ADDRESS		
Country	Province	Phone Number Cellular Number
City	ZIP Code	Email Address
4. ACADEMIC HISTORY		
High School Name		Graduation Year
High School Address		
Country	Province	City
Phone Number		
	PA)   Social Science (IPS)   Lan	guages (Bahasa)   □ Others
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www.iuli.ac.id



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☐ Parent's Name / ☐ Guardian's Name		Nother's Maiden Name ( <i>Nama Gadis Ibu Kandung</i> )	
Address			
ZIP Code	Phone Number		Cellular Number
Email Address	Country		City
Occupation	Company Name		
6. WHY DO YOU CHOOSE IULI? Put number in 3 boxes based on priority			D YOU KNOW ABOUT IULI? 3 boxes based on priority
☐ International Double Degree with partner universities abroad.		☐ Teacher	
$\square$ English as medium of instruction.		☐ School Education & Exhibition.	
$\square$ Research semester in partner university.		☐ Education Fair.	
☐ No development fee.		☐ Internet.	
☐ Location.		$\square$ Social Media (Facebook/Twitter/Intagram/Flicker).	
☐ Campus environment.		☐ Billboard/Baligho.	
$\square$ Encouragement from parent(s).		☐ Printed Media. Please specify:	
$\square$ Study program offered		☐ TV Program.	
$\square$ DrIng. Ilham Habibie, MBA as IULI founder.		☐ Radio	
☐ Other. Please specify:		☐ Other. Please specify:	
8. FOR TRANSFER STUDENT		9. REFERRAL CODE	
University Origin :		Your IULI Referring Student Code (optional)	
Study Program/Semester :		SGS Code	
Student Witness by Parent Signature: Signature:		ts/Guardian:	Received by IULI Admissions Signature:
Name:	Name:		Name:







