



Gadjah Mada University

Graduate Program

Jl. Teknika Utara, Pogung  
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FOR OFFICE USE ONLY

Ref No.

Fees

Application No.

APPLICATION FOR ADMISSION TO  
A GRADUATE PROGRAM

Complete all four pages in **BLOCK CAPITALS**, in **BLACK INK** and tick boxes as appropriate. Please submit 2 references in sealed and signed envelopes and all other documentation required with your application.

PLEASE RETURN TWO COPIES OF THIS FORM TO THE GRADUATE SCHOOL AT THE ABOVE ADDRESS

1 GRADUATE DEGREE  
PLEASE STATE THE QUALIFICATION FOR WHICH YOU ARE APPLYING:

REGULAR/ACADEMIC MASTER DEGREE  
Please state the degree and subject/department:

PROFESSIONAL MASTER DEGREE  
Please state the degree and subject/department:

DOCTORATE (Dr.)

2 FULL-TIME  PART-TIME

3 PROPOSED DATE OF ADMISSION (month/year): /

The Applicant Personal Data:

4 TITLE (Mr/Mrs/Miss/Ms):

5 SURNAME/FAMILY NAME:

6 FIRSTNAME:

7 DATE OF BIRTH (day/month/year): //

8 GENDER Male  Female

9 CORRESPONDENCE ADDRESS  
PLEASE NOTE: THIS IS THE ADDRESS TO WHICH THE UNIVERSITY WILL SEND ALL  
CORRESPONDENCE.

ADDRESS:

PROVINCE/CITY:

COUNTRY:

POSTCODE:

The above address is valid.

FROM (day/month/year): //

TO (day/month/year): //

TELEPHONE NO :

FAX NO :

E-MAIL ADDRESS:

10 PERMANENT HOME ADDRESS (if different from address given above)

ADDRESS:

PROVINCE/CITY/COUNTRY:

POSTCODE:

TELEPHONE NO :

FAX NO :

E-MAIL ADDRESS:

11 NATIONALITY:

12 COUNTRY OF PERMANENT RESIDENCE:

13 HOW DO YOU EXPECT TO PAY FOR YOUR STUDIES?

PARENT(S)/PATRON

SELF FINANCING

SCHOLARSHIP/FELLOWSHIP/SPONSORSHIP

14 ACADEMIC HISTORY

Higher education institutions attended and qualifications obtained or entered for (you must supply full dates).

Students educated abroad should (if possible) enclose a copy of a transcript of their marks.

University/Polytechnic or College	Dates of attendance	Qualifications awarded and class of Honours (if any) (Give Grade Point Average if applicable) or prediction of award	Principal Subject(s) taken

Other information relevant to your academic history:

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## ENGLISH and OTHER FOREIGN LANGUAGES QUALIFICATION(S)

Note: Students educated outside the English Speaking Countries should enclose a copy of their English language qualification(s).

LANGUAGE(S)	SPEAKING ORAL			WRITTEN			LISTENING		
	E	G	P	E	G	P	E	G	P
1.									
2.									
3.									
4.									

Note: E = Excellent; G = Good; P = Poor.

Please specify your formal English language qualification(s) (by ticking the relevant box) with results obtained and the date(s) you took the test or will be taking the test.

TYPE OF TEST	SCORE	DATE OBTAINED
IELTS		
TOEFL		
Other (Please specify)		

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## REFERENCES

Please name here the two people who have completed your enclosed reference forms.

REFEREE 1	REFEREE 2
Name:	Name:
Position:	Position:
Address:	Address:
Telephone No.:	Telephone No.:
Fax No. :	Fax No. :
Email address:	Email address:

18 **OUTLINE OF RESEARCH INTERESTS (suggested for applicants for regular/academic master degree and doctorate only)**

Please use this space to give a brief outline of your proposed research topic or interests. If you have a detailed research proposal (not more than 2 pages) this may be attached. **For candidate applying for the doctorate degree please submit full proposal of research in separate papers.**

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**CAREER HISTORY**

Please give details of employment and/or professional experience (current first). Continue on a separate sheet if necessary.

Date(s)		Nature of work and position held	Name and address of employer
From:	To:		

20. **LIST OF RESEARCH PUBLICATIONS** (suggested for applicants for regular/academic master degree and doctorate only)

21 DISABILITIES  
If you have special needs owing to a disability or specific learning difficulty please give details.

22 PLEASE CHECK THAT YOUR APPLICATION IS COMPLETE AND THAT YOU HAVE ENCLOSED ALL THE RELEVANT DOCUMENTS

- This application plus one complete copy
- Transcript of Studies
- 2 References in signed and sealed envelopes
- English Language Qualification Certificate (if educated outside English Speaking Countries)
- Application Fee
- Full proposal of research (for candidate of **doctorate degree only**)

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT.

Signature:

Date:

WHEN COMPLETED PLEASE RETURN TO:

Graduate Program, Gadjah Mada University,  
Jln. Teknika Utara, Pogung,  
Yogyakarta 55281  
INDONESIA