Linkage Program 2025 Application for Admissions

Please select the program you are applying for and check the appropriate box.

	duate School of International Relations International Development Program (IDI Master of Arts in International Developm Public Management and Policy Analysis Master of Arts in Public Management	P) nent or Master of Arts in Econo	mics	
(a) (b)	eral Instructions This Form should be typewritten or hand Please √ or circle the appropriat All data is used for internal purpose and	e choice.	al.	
	BAPPENAS Linkage Master	MOF Linkage Master		Others
Link	age Master Fellows please circle your program: UI-F	PPIE, UI-MPKP, UGM-MEP, UGM-	MAP, UNPAD, UB-M	E, UB-MIA
Is yo If ye Instit Cont Posit Addi	nsorship our graduate study at IUJ being funded by s, please provide the following in English tution Name: act Person: tion/Title: ress Street 1: Street 2:	n and, if applicable, in Chinese Country:	characters:	□ No
1	sonal Information Name in full (Write as app. N I P	pears on your passport in Roman block	t CAPITALS)	Male Female
2.	Date and Place of birth (state age as o	f 1st October 2017)		
	19			
_	(Year) (Month) (D	lay) (Age)	(Place of B	irth)
3. 4. a	Marital Status Single Name of Institution (Please write in English)	Married	,	Paste your passport photograph taken within 6 months. Write your name and
b	Work Unit (Please write in English)			program on the back of the photo.
	City: Province: (Title of Position)			(6 x 4 cm)

 <u> </u>		
Work Address		
City:	Province:	
Phone/Fax:		
Home Address		
City:	E-mail address:	
Phone/Fax:	Mobile phone:	
Preferred Address for Correspondence	Work Address	Home Address

Academic Information

8. Educational Background

	Name of School / Institution	Location	Officially required years of schooling	Duration of schooling		Number of years of schooling attended
	21.04.04.05.2			From (mm/yy)	To (mm/yy)	
Elementary Education Elementary				/	/	
School Secondary Education Lower Level				/	/	
Secondary Education Upper Level				/	/	
Higher Education Diploma Program (if applicable)				/	/	
Higher Education (S1) Undergraduate Level				/	/	
Higher Education (Master) Graduate Level				/	/	
Higher Education (Doctoral Degree) Graduate Level				/	/	
Total number of years						

Name:			

9. Language Skills

Name:

Language Proficiency	ENGLISH			
	Excellent	Good	Poor	
Reading				
Writing				
Speaking				
TOEFL/IELTS Score:				

10.	Profession	onal Bac	kground	(Please	write in	English))
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Please fill-in full-ti	me positions held.	(Curr	ent or most recent one	first.)	
Employer					
Address				Telephone	
Title of your Position					
Type of Work					
Period of Employment	/	to	/		years
	Month / Year		Month / Year		
Employer					
Address				Telephone	
Title of your Position					
Type of Work					
Period of Employment	/	to	/		years
	Month / Year		Month / Year		
Employer					
Address				Telephone	
Title of your Position					
Type of Work					
Period of Employment	/	to	/		years
	Month / Year		Month / Year		
11. Person to be notified	ed in applicant's	home co	ountry, in case of eme	rgency.	
Name in full:					
Address (with telephone nur	nber and/or e-mail a	ddress):			
Occupation:					
Relationship with Fellow:					
I declare that all the states	ments made hereir	are tru	e and correct.		
Date:		:	Signature:		
			Name:		

Research Proposal (Please type in the following space or attach a separate sheet)

In 400 to 600 words please state the field of study you intend to pursue in this program and the reason why you are interested in the field, and what kind of program or achievements do you wish to accomplish during your study. You are also requested to explain the relevance of your study with your academic and professional background, as well as your future objectives and plans after completion of your study. Please do not refer to any specific university or program name in this statement.