



UNIVERSITAS JAMBI

ADMISSION GUIDELINE FOR INTENATIONAL STUDENT





UNDERGRADUATE STUDY
INTERNATIONAL STUDENT ADMISSION REQUIREMENT

BASIC REQUIREMENT	
Previous study	<ol style="list-style-type: none">1. High school graduate or equivalent no longer than 3 years at the time of registration;2. High school should be registered at and accredited by the Ministry of Education of the student's home country.
English language proficiency score	<p>IBT TOEFL : 60 CBT TOEFL : 173 IELTS : 5.0 (if available)</p> <p>Foreign student wishing to study in University of Jambi is required to take Jambi University English Language Test (JUELT) before graduation with minimum score 477.</p>
Indonesian Language Test	<ol style="list-style-type: none">1. Foreign student wishing to study in University of Jambi is required to take Indonesian Language Test within the first two years of their study with minimum score 4;2. Foreign student wishing to write their Bachelor's Degree Thesis in Indonesian Language should take Indonesian language course for foreigner or BIPA (Bahasa Indonesia untuk Penutur Asing) with minimum level 3. Terms and conditions to take the course are explained in a separate document.
Registration Processing Fee	<p>USD \$30 or IDR Rp. 430.000,- (Non refundable)</p> <p>Payment of registration processing fee is made by bank transfer to:</p> <p>Name of Bank : Bank Mandiri KCP Telanaipura Jambi Account Name : RPL 012 UNJA OPERASIONAL BLU Account Number: 1100021089898 Bank Address : Sungai Putri, Telanaipura, Kota Jambi, Jambi 36361</p>

DOCUMENT REQUIREMENT

A complete application form should have:

1. Motivation statement (maximum 700 words, written in english).
2. A recent photograph (3 x 4 cm) with a red background (attached to the application form).
3. A scanned copied of recent photograph (4 x 6 cm) with a red background.
4. A scanned copy of passport (front page only).
5. A scanned copy of valid IETLS or TOEFL result score (if available).
6. A certified scanned copy of high school certificate.
7. A scanned copy of transcript of records (high school academic report from the first semester to the last semester).
8. A scanned copy of health examination form (form provided).
9. A scanned copy of employment statement and no political participation (template provided).
10. A letter of statement declaring that the applicant has graduated from the school (on letterhead, signed by the school principal and stamped).
11. A letter of recommendation (from teacher or school principal).
12. Financial statement:
 - a. Students on scholarship support must provide a copy of scholarship agreement;
 - b. Self-financing students must provide a letter of statement declaring the personal financial support for study. The letter should be signed by the person providing the support (template provided)
13. A copy of telegraphic transfer of registrattion processing fee.



INTERNATIONAL STUDENT ADMISSION
PROGRAM INFORMATION

POSTGRADUATE STUDY	
Master's Degree	Master in Agribusiness
	Master in Agroechotechnology
	Master in Accountancy
	Master in Economics
	Master in Law
	Master in Population and State Administration
	Master in Enviromental Science
	Master in Animal Science
	Master in Management
	Master in Educational Management
	Master in Indonesian Language and Literature
	Master in English Language Education
	Master in Science Education
	Master in Chemistry Education
	Master in Mathematic Education
	Master in Educational Technology
	Master in Notarial Law
Doctoral Degree	Doctor in Economics
	Doctor in Law
	Doctor in Education
	Doctor in Mathematics and Science Education



UNDERGRADUATE STUDY		
Faculty	Department	Program
Teacher Training and Education	Education Science	Early Childhood Education
		Primary School Education
		Education Administration
		Guidance and Counseling
	Mathematic and Natural Science Education	Mathematic Education
		in Chemistry Education
		Physics Education
		Biology Education
	Social Science	Economics Education
		Pancasila and Civic Education
		History Education
	Language and Art Science	Indonesian Language and Literature
		English Language Education
Economics and Business	Economics and Business	Accountancy
		Islamic Economics
		Development Economics
		Management
		Regional Finance
		Public Management
		Taxation
		Marketing Management
Law	Law Science	Law Science
Agriculture	Agriculture	Agribusiness
		Agroecotechnology
		Agrobusiness



UNDERGRADUATE STUDY		
Faculty	Department	Program
Animal Science	Animal Science	Animal Science
		Fishery Resources Utilization
		Fishery Products Technology
		Animal Health
Science and Technology	Science and Technology	Biology
		Physics
		Pharmacy
		Chemistry
		Mathematics
		Information System
		Geophysics Engineering
		Geology Engineering
		Chemical Analyst
		Chemical Industry
Medicine and Health Science	Medicine and Health Science	Medical Science
		Nursing
		Psychology
		Medical Doctor (dr.)
		Professional Nurse
Social Science and Political Science	Social Science and Political Science	Public Administration
		Political Science
Agrcultural Technology	Agrcultural Technology	Agricultural Engineering
		Agricultural Products Technology
		Agricultural Industrial Technology



UNDERGRADUATE STUDY		
Faculty	Department	Program
Cultural Science	Cultural Science	Indonesian Literature
		History Science
		Archeology
		Arabic Language Education
		Drama, Dance and Music
Sport Science	Sport Science	Sport and Health Education
		Sport Coaching
Engineering	Engineering	Electro Engineering
		Chemistry Engineering
		Environmental Engineering
		Civil Engineering
Forestry	Forestry	Forestry
Public Health	Public Health	Public Health



KEMENTERIAN RISET, TEKNOLOGI, DAN PENDIDIKAN TINGGI

UNIVERSITAS JAMBI

Kampus Pinang Masak Jalan Raya Jambi – Ma. Bulian KM. 15, Mendalo Indah,
Kode Pos 36361 Telp. (0741) 582632, 581557, 583377

INTERNATIONAL UNDERGRADUATE ADMISSION HEALTH EXAMINATION FORM

1. PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING IN THE FORM.
2. PLEASE FILL IN THE FORM IN ENGLISH OR BAHASA INDONESIA
3. PLEASE WRITE IN **CAPITAL LETTERS**.
4. PLEASE FILL IN THE FORM IN CLEAR HANDWRITING (NO OVERWRITING) AND CORRECTLY.
5. PLEASE WRITE IN BLACK COLOR INK.
6. PLEASE COMPLETE THE ENTIRE TEST REQUIRED IN THIS FORM.
7. PLEASE BRING ALONG THE ALL THE LABORATORY RESULTS FOR REGISTRATION, FOR THE PURPOSE OF VERIFICATION, IF NECESSARY.
8. THE UNIVERSITY ONLY ACCEPT MEDICAL EXAMINATION DONE WITHIN **90 DAYS** BEFORE ARRIVAL IN INDONESIA.
9. THE UNIVERSITY RESERVES THE RIGHT TO **REPEAT** FULL MEDICAL CHECK UP OR ANY SPECIFIC LABORATORY TESTS SHOULD THERE BE ANY DOUBT IN THE MEDICAL REPORTS SUBMITTED, ALL COSTS INVOLVED SHALL BE BORNE BY THE APPLICANTS.
10. THE UNIVERSITY RESERVES THE RIGHT TO REJECT ANY APPLICATION:
 - a. BASED ON THE RESULTS OF THE VERIFICATION AND ASSESSMENT; OR
 - b. SHOULD THERE BE ANY EVIDENCE THAT THE APPLICANT HAS GIVEN FALSE INFORMATION IN THE APPLICATION FORM OR ANY SUPPORTING DOCUMENTS.

**FORMULIR PEMERIKSAAN KESEHATAN
MAHASISWA ASING**

11. MOHON UNTUK MEMBACA PETUNJUK SECARA TELITI SEBELUM MENGISI FORMULIR.
12. FORMULIR DIISI DALAM BAHASA INGGRIS ATAU BAHASA INDONESIA.
13. MOHON DIISI DENGAN **HURUF BESAR**.
14. FORMULIR DIISI DENGAN TULIS TANGAN YANG JELAS DAN BENAR (DILARANG MENULIS ULANG).
15. DITULIS DENGAN TINTA HITAM.
16. MOHON UNTUK MELENGKAPI SELURUH DOKUMEN YANG DIPERLUKAN UNTUK FORMULIR INI.
17. MOHON UNTUK MEMBAWA SEMUA HASIL LABOR/PEMERIKSAAN DISAAT PENDAFTARAN SEBAGAI BAHAN BUKTI (JIKA DEPERLUKAN).
18. UNIVERSITAS HANYA MENERIMA HASIL PEMERIKSAAN MEDIS YANG DILAKUKAN **90 HARI** SEBELUM TIBA DI INDONESIA.
19. UNIVERSITAS BERHAK UNTUK MEMINTA PEMERIKSAAN MEDIS ULANG SECARA PENUH ATAU PEMERIKSAAN LABOR TERTENTU APABILA DITEMUKAN HASIL TES YANG MERAGUKAN, DAN SEMUA BIAYA HARUS DITANGGUNG OLEH PEMOHON.
20. UNIVERSITAS BERHAK UNTUK MENOLAK LAMARAN:
 - a. BERDASARKAN DARI HASIL VERIFIKASI DAN PENILAIAN; ATAU
 - b. APABILA DITEMUKAN BUKTI BAHWA PEMOHON TELAH MENYERAHKAN DOKUMEN DAN INFORMASI PALSU DALAM FORMULIR LAMARAN ATAU DI DOKUMEN LAINNYA.

PART A: APPLICANT DETAILS/DATA PEMOHON (This part to be completed by Applicant/Bagian ini diisi oleh calon mahasiswa)	
FULL NAME/NAMA LENGKAP (AS IN PASSPORT/SESUAI PASPOR)	
DATE OF BIRTH/TANGGAL LAHIR (DD/MM/YYYY)	
PASSPORT NUMBER/NOMOR PASPOR	

PART B: HEALTH EXAMINATION REPORT/LAPORAN PEMERIKSAAN KESEHATAN (This part to be completed by Examining Doctor/Bagian ini diisi dokter pemeriksa)		
DATE OF MEDICAL SCREENING/TANGGAL PEMERIKSAAN KESEHATAN (DD/MM/YYYY)		
HEIGHT/TINGGI BADAN (CM)		
WEIGHT/BERAT BADAN (KG)		
BLOOD PRESSURE/TEKANAN DARAH		
PULSE RATE/DETAH JANTUNG		
VISIO TEST*/TES KESEHATAN MATA	NORMAL/NORMAL	DEFECTIVE/TERDAPAT KEKURANGAN
UNAIDED (LEFT)/MATA KIRI TANPA ALAT BANTU		
UNAIDED (RIGHT) MATA KANAN TANPA ALAT BANTU		
AIDED (LEFT)/ MATA KIRI DENGAN ALAT BANTU		
AIDED (RIGHT)/ MATA KANAN DENGAN ALAT BANTU		
COLOR VISION TEST/TES BUT WARNA		
HEARING ABILITY*/KEMAMPUAN MENDENGAR	NORMAL/NORMAL	DEFECTIVE/TERDAPAT KEKURANGAN
LEFT/KIRI		
RIGHT/KANAN		

* PLEASE TICK (✓) YOUR ANSWER/CENTANG JAWABAN

URINE TEST*/TES URIN	POSITIVE/POSITIF	NEGATIVE/NEGATIF
ALBUMIN/ALBUMIN		
SUGAR/GULA DARAH		
OPIATES (INCLUDING CODEINE, MORPHINE, HEROIN)/CANDU (TERMASUK KODEIN, MORFIN, HEROIN)		
CANNABINOIDS/GANJA		
AMPHETAMINE TYPE STIMULANT/AMFETAMIN		
BLOOD TEST*/TES DARAH	POSITIVE/POSITIF	NEGATIVE/NEGATIF
HEPATITIS Bs ANTIGEN/HEPATITIS B		
HIV/HIV		
VENEREAL DISEASE RESEARCH LABORATORY (VDRL)/PENYAKIT KELAMIN		
MALARIAL PARASITES/PENYAKIT MALARIA		

* PLEASE TICK (✓) YOUR ANSWER/CENTANG JAWABAN

PART C: DECLARATION/PERNYATAAN**(This part to be completed by Examining Doctor/Diisi oleh dokter yang melakukan pemeriksaan)****FULL NAME/NAMA LENGKAP****NAME OF HOSPITAL OR
CLINIC/NAMA RUMAH SAKIT
ATAU KLINIK****ADDRESS OF HOSPITAL OR
CLINIC/ALAMAT RUMAH
SAKIT ATAU KLINIK****I hereby certify that the applicant's health conditions are as above described.
Dengan ini Saya menyatakan bahwa kondisi kesehatan pemohon adalah seperti yang
tertulis di atas.**

_____, _____
(Nama tempat) (DD/MM/YYYY)

Dokter

Signature

(Nama Dokter)

FINANCIAL STATEMENT

I, the undersigned below:

Name : _____

Date of Birth : _____

Passport Number : _____

Home Address : _____

Phone/Cellphone : _____

E-mail Address : _____

1. **STUDENT:** I have been aware that I cannot be covered by the University’s medical insurance during my study at University of Jambi. I acknowledge that my educational expenses (tuition fees, books, academic excursions, etc) as well as living costs shall be solely at my expenses and emergency funds will be provided by my sponsor. Furthermore, I understand that I am fully responsible for actions, health, and my safety while completing this experience.
2. **SPONSOR:** This is to verify that I will support the above student during his/her entire study period at University of Jambi

_____, _____
(Name of Place) (DD/MM/YYYY)

Agreed Upon By

Stated By

Signature

Signature

(Parent/Guardian/Sponsor’s name) (Student’s name)

*Please write your answer in CAPITAL LETTERS and in black color ink.

STATEMENT OF EMPLOYMENT AND POLITICAL PARTICIPATION

I, the undersigned below:

Name : _____

Date of Birth : _____

Passport Number : _____

Home Address : _____

Phone/Cellphone : _____

E-mail Address : _____

- 1. I affirm that I will be obliged to regulation and laws in Indonesia;
- 2. I affirm that I will not do any paid job during my study at University of Jambi;
- 3. I affirm that I will not involve and participate in a wide variety of political activity, including wearing a pin or button in support of a political candidate and disseminate any partisan or political speech including “political humor/commentary” using my university email account.

_____, _____
(Name of Place) (DD/MM/YYYY)

Stated By

Signature

(Student's name)

*Please write your answer in CAPITAL LETTERS and in black color ink.

UNIVERSITY OF JAMBI
UNDERGRAGUATE STUDY
INTERNATIONAL STUDENT ADMISSION DOCUMENT CHECKLIST

Have You Included the Following Documents on Your Application? All Documents
Should be Sent to io@unja.ac.id

ESSENTIALS

- ☐ Motivation statement (maximum 700 words, written in english).
 - ☐ A recent photograph (3 x 4 cm) with a red background (attached to the application form).
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