

DECLARATION

I, The undersigned;

Name (first and last name) :
Passport Number :
Place and date of birth (day-month-year) :
Nationality :
Faculty/Department/Program :
University :
Telephone Number :
E-mail address :

Hereby declare that will study in Indonesia and will:

1. Comply with laws and regulations applicable in Indonesia
2. Comply with rules and regulations of the University
3. Not work and will not ask for a scholarship to the Indonesian government
4. Not be involved in any political activities
5. Not do any paid job during my study in Udayana University
6. Cover all expenses that may appear due to my personal reason.
7. Obey the Indonesian government Covid-19 standard protocol
8. Maintain my health and remain free from Covid-19.

If I violate the above matters, I am willing to accept any sanctions in accordance with the legislation in force in Indonesia.

I hereby declare that to the best of my knowledge and belief the information furnished in this declaration is true and correct and without coercion from others.

Date (dd/mm/yy):	Signature:

GUARANTOR FINANCIAL STATEMENT

This is to certify that I, as a guarantor, will have adequate fund to support for the applicant's traveling expenses to Indonesia and back to our country and to cover his/her academic and personal expenses occurred during his/her stay in Indonesia.

Name of applicant :

Name of guarantor :

Place & date of birth :

Gender (F/M) :

Present address :

Email :

Phone number :

Relationship to applicant :

Occupation :

Date (dd/mm/yy):	Signature: Name of the Guarantor: _____
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MEDICAL STATEMENT

(Statement of Good Health)

Students/Patient

Name :
Nationality :
Date of birth :
Address :

I have examined the individual named above and to the best of my knowledge, she/he is in good physical and mental health, free of any communicable diseases and is able to participate in his/her upcoming semester abroad at Udayana University in Bali, Indonesia.

By signing below, I certify that the above information is true.

Doctor's name :
Office Phone Number :
Date of Examination :

Office Address:

Signature & Office Stamp (If Available)



QUARANTINE STATEMENT

To:
Direktur Lalu Lintas Keimigrasian
Up. Kasubdit Visa

Sub. : Statement Letter

Sincerely,

The undersigned below:

Name :
Gender :
Place and Date of Birth :
Passport Number :
Validity :
Nationality :

Hereby declare that you are willing to enter quarantine and/or treatment at your own expense at a quarantine facility or health service facility designated by the government if the PCR test at the entrance to the country gives a positive result (+), or there are clinical symptoms of Covid-19.

Thank you for your permission.

Best Regards,

(_____)

Name of the Applicant