REGISTRATION FORM

STUDENTS EXCHANGE PROGRAM

INSTITUTE OF HEALTH SCIENCE HARAPAN BANGSA

I. NAME :

II. STUDENTS ID NUMBER :

III. STUDY PROGRAM :

IV. PLACE AND DATE OF BIRTH :

V. SEX :

VI. RELIGION :

VII. ADDRESS :

VIII. PHONE NUMBER :

IX. GRADE POINT AVERAGE (GPA) :

X. ABILITY :

XI. APPROVAL FROM PARENTS / HUSBAND / WIFE :

 Agree / Disagree :

 Sign : …………….

 Purwokerto, …………………

 (Complete name)