APPLICATION FORM for Master of Arts in Communication Studies

Department of Post Graduate Programme
Intiland Tower - Annexe Penthouse 9th Floor, Jakarta 10220, Indonesia
Telp: (62-21) 5790 4365-66 | Fax: (62-21) 5790 4380 | Hotline: (62) 815 110 98 699
Email: masterdegree@lspr.edu
Please complete all details
Please type or print in BLOCK LETTERS

Batch

**CONCENTRATION**

- [ ] Corporate Communication
- [ ] Marketing Communication
- [ ] International Relations Communication
- [ ] Mass Media Management

**CLASS SCHEDULE**

- [ ] Regular
- [ ] Executive

### A. PERSONAL DETAILS

1. **FULL NAME**  (Mr / Mrs / Ms)

2. **HOME ADDRESS**
   - 
   - 
   - 
   - Postal Code
   - E-MAIL
   - MOBILE

3. **GENDER**  [ ] Male  [ ] Female
4. **MARITAL STATUS**

5. **PLACE OF BIRTH**
6. **DATE OF BIRTH**  (DD/MM/YY)

7. **RELIGION**
8. **NATIONALITY**

### B. DETAILS OF EMPLOYMENT

(Please give details of any employment, with dates)

9. **PRESENT EMPLOYMENT**
   - **Position**
   - **Since**
   - **Company/Institution**
   - Brief Description of Duties and Responsibilities :

10. **COMPANY ADDRESS**
    - 
    - 
    - Postal Code
    - FAX NO. 
    - E-MAIL

11. **PREVIOUS EMPLOYMENT**
    | Year | From | To | Position | Company |
    |------|------|----|----------|---------|
    |      |      |    |          |         |
    |      |      |    |          |         |
    |      |      |    |          |         |
    |      |      |    |          |         |
C. ACADEMIC AND PROFESSIONAL QUALIFICATIONS

(2 certified copies of certificate and degree, together with transcripts, must be attached)

13. TERTIARY EDUCATION

<table>
<thead>
<tr>
<th>Year</th>
<th>University</th>
<th>Major</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Started</td>
<td>Completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. FINANCIAL

14. FINANCIAL PROVISION FOR COURSE

I financed my graduate Education by:

- [ ] Parents
- [ ] Personal funds
- [ ] Scholarship from other foundation or organizations
- [ ] My place of employment is funding my education

E. REFERENCE (S)

15. Reference:

Please give the names and addresses of 2 referees from the following:
(Direct Superior (office) or Academic Adviser)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Company</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F. SUPPORTING INFORMATION

16. How did you first learn about graduate education at LSPR - Jakarta. (Please select only one)

- [ ] Newspaper (Pls. specify)
- [ ] Brochure/ Flyers
- [ ] Walk in/ Survey
- [ ] Magazine (Pls. specify)
- [ ] LSPR Alumni
- [ ] Located in campus vicinity area
- [ ] Radio (Pls. specify)
- [ ] Family/ Friends
- [ ] Event/ Exhibition

17. Personal factors motivating me to attend the LSPR - Jakarta:

(Please rank in order of importance with # 1 being the highest and # 3 being the lowest)

- [ ] I wanted to become more knowledgeable in the communications field.
- [ ] I thought obtaining a graduate degree or certification would help me to advance my job

18. Please indicate your rating of the LSPR - Jakarta at the time you applied your admission:

- [ ] First Choice
- [ ] Second Choice
- [ ] Third Choice
- [ ] Others
19. I hereby apply for admission to the London School of Public Relations – Jakarta, Master of Arts in Communication Studies. I declare that the information given in this form is true and correct, and if accepted as student, I will comply with all the conditions, rules and regulations of the school. I acknowledge that the provision of false or misleading information may result in non-acceptance of this application or immediate exclusion from the school. I authorize The London School of Public Relations – Jakarta, where necessary, to obtain from any other education institution evidence of my academic record or to seek other corroboration with respect to my application.

1. This application form must be returned to the Admission Office once completed and in accordance to the specific date release by the school.
2. The fee for the application form includes the entrance examination process and non-refundable.
3. Once admitted, students are obliged to obey all rules and regulations as stipulated by the school. Details are outlined in the students’ manual.
4. Other general requirements will be adjusted with valid academic regulations.

Please return this form to the address below:
Department of Post Graduate Programme
Intiland Tower - Annexe Penthouse 9th Floor
Jl. Jenderal Sudirman Kav. 32
Jakarta 10220, Indonesia
Telp: (62-21) 5790 4365-66
Fax: (62-21) 5790 4380
URL: www.lspr.edu
Email: masterdegree@lspr.edu
Hotline: +62 815 110 98 699

For Office Use Only

<table>
<thead>
<tr>
<th>Action</th>
<th>Date</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Sets of 3 x 4 Photographs (color)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Sets of legally-certified-transcripts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Sets of Certificate (Diploma)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Complete CV / Resume</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Copy of KTP/Passport/SIM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of Form Return: [DD/MM/YY]
Date of Entry Test: [DD/MM/YY]

Date of Input: [DD/MM/YY]