STATEMENT OF WILLINGNESS TO PAY THE ADMISSION FEE¹

I the undersigned below:

Name	:			
Place and Date of Birth	:			
Address	:			
Phone Number	:			
hereby declare that if I a				
Decree of Universitas Airl	_	_		
A. For my Rp	first-cho	oice	study	programme
On conditions as follows:				
The admission fee will students.	be paid in ful	I on the r	egistration d	ate for newly admitted
All payments (including refundable.	g the admissi	on, tuitior	, and applica	ation fees) are non-
3. This letter is writte	m fully respo			and consent of my paying the admission fee
Parent/guardian's signature				20 ant's signature
		Ma	aterai Rp. 10.0	00
Full name:		- Fu	II name:	

¹ Admission Fee (Uang Kuliah Awal)

 $^{^2 \ \}text{The minimum amount of the admission fee for each study programme can be found on iup.unair.ac.id.}$