



**UNIVERSITAS GADJAH MADA
FACULTY OF LAW
INTERNATIONAL UNDERGRADUATE PROGRAM (S1-IUP)**

Cross Department Elective Course Registration Form

Serial Number: 08/II/IUPL.UGM/LECT/2018

Registering/having registered* in concentration of in Semester
of Academic Year/..... and completed the following Elective Course(s):

Course Name	Semester/Academic Year in which the Course was taken	Final Grade
1./20.....- 20.....	
2./20.....- 20.....	
3./20.....- 20.....	
4./20.....- 20.....	
5./20.....- 20.....	
6./20.....- 20.....	

I, the undersigned,

Name :
Student Number :
Mobile Phone :

hereby register for enrollment into the following Elective Course(s):

Course Name	Course Code	Department
1.		
2.		
3.		
4.		
5.		

For your consideration, I hereby attach to this Form my *Academic Transcript*.

Date : Signature :

.....
(for verification use only)

VERIFIED **REJECTED**
Secretary of the Undergraduate Program

Richo Andi Wibowo, S.H., LL.M., Ph.D.

*Strike Through where inappropriate