



## Featured Class Program STIKES Cendekia Utama Kudus 2015

Jl. Lingkar Raya Kudus-Pati KM. 5 Jepang, Kec. Mejobo, Kudus, Telp (0291) 4248655, 4248657

<b>Personal</b>	
Name (full name)	
Nick Name	
Gender	Male/ Female
Date of Birth	
Place of Birth	
Religion	
Correspondence Address	
	Mobile Phone: _____ House Phone : _____
Email Address	
Name of Parent/Guardians	
Occupation of parent/Guardian	
Permanet Address (if different)	
<b>Academic Qualifications</b>	
High Senior School	
	Year Taken : _____
<b>Medical Disclosure</b>	
Do you have any disability(ies) or long term medical condition?    ( ) Yes    ( ) No If Yes, please state the type of disability.	
<b>Declaration</b>	
I hereby declare that the information on this form, or provided in support of my application, is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application, including academic transcript(s), might invalidate my application and study program of nursing STIKES CendekiaUtama Kudus may cancel my enrollment in consequence thereof.	
_____	_____
Student Signature	Date : (Day/Month/Year)

## Declaration by Parent/Guardian

### PERNYATAAN ORANG TUA

Bersama ini kami orangtua/Wali dari mahasiswa program studi S-1 Ilmu Keperawatan STIKES Cendekia Utama Kudus :

Nama :

NIM :

Alamat :

Menyatakan telah mengetahui secara jelas tentang kelas unggulan program studi S-1 Ilmu Keperawatan STIKES Cendekia Utama Kudus.

Dengan berbagai pertimbangan atas informasi yang telah saya dapatkan maka dengan ini saya menyetujui anak saya mengikuti program kelas unggulan tersebut sampai dengan selesai (tahap akademik dan profesi)

\_\_\_\_\_  
Nama dan Tandatangan orang tua bermaterai Rp 6000,-

\_\_\_\_\_  
Tempat tanggal, Bulan Tahun