Ministry of National Education Directorate General of Higher Education Kopertis Wilayah III Jakarta, Indonesia

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	ACADI	EMIC REPORTING FORM			
1.	Name of Participant	:			
2.	Date	:			
3.	Name of Institution	:			
4.	Program of Study	:			
5.	Degree Objective	1			
6.	Number of Credit Hours	1			
	Required for Degree Completion	1			
7.	Number of Credit Hours	1			
	Requirements Completed	I			
8.	Academic Advisor's Name, Title, Department, and Phone/Fax/e-mail:				
		••••••			
9.	Courses Completed in Previous S (Please note credits which fulfill				
(Course No (Course Title	Credit	Grade	

10. Courses to be Taken in Upcoming Semester : (Please note credits which will fulfill degree requirements with *)

Course No	Course Title	Credit
	Course Title	Cicuit
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11. Academic Advisor's Co	mments on Participants Progress:	
12. Thesis/Dissertation Wor		
12. Thesis/Dissertation Wor		
	k Required ?:	
12. Thesis/Dissertation Worl	k Required ?:	
	k Required ?:	

Signature of Academic Advisor: