



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

**Cross Department Elective Course Registration Form**

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 : ..... Student's Name & Signature : .....

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(for verification use only)

**VERIFIED** **REJECTED**  
Head of the Undergraduate Program

**Dr. Wahyu Yun Santoso, S.H., M.Hum., LL.M.**

\***Strike Through** where inappropriate