



Registration Form

[illegible]

Registration Form

Academic Information (only if you are a student)		
Degree: <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctoral		
Major:		
Current Academic Status:		
<input type="checkbox"/> First Year <input type="checkbox"/> Second Year <input type="checkbox"/> Third Year <input type="checkbox"/> Fourth Year		
Institution Information (only if you are a lecturer /staff)		
Current Position:		
Unit / Department / Faculty :		
Costs		
Course Fee	<input type="checkbox"/> USD 50 <input type="checkbox"/> Free (for ITS partner university / Approval from ITS) *Please check at your university whether your university have partnership (agreement-based or consortium-based) with ITS	
Academic/Professional Reference		
Please provide the name and contact information of your reference.		
Last Name:		First Name:
Street:		
City:	State:	Zip/Postal Code:
Phone: (including area/country code)		Email:
Occupation:		School/Faculty:
Agreement		
I have read the program descriptions, including the application policies and procedures, and I feel that I would benefit from CommTECH program. I certify that all information I have provided in this form is correct and accurate to the best of my knowledge.		
_____		(If applicant is under 18 years old of age, parental approval is required.) Date:

If you want to join this program, please send this registration form with:

- Scanned passport/ID citizen.
- Scanned students/staffs/lecturers I.D or statement letter that you are staff or lecturers from your university.
- Formal photo with plain background (without glasses)

Registration Form

Deadline: 14 Feb 2026

CONTACT PERSON:

Mr. Muh. Wahyu Islami PM, ST, M.Hub.Int.

ITS Global Engagement

Institut Teknologi Sepuluh Nopember (ITS)

ITS Global Kampong

Campus ITS Sukolilo Surabaya 60111, Indonesia

Telp/Fax : +62-31-5923411

Email: commtech@its.ac.id / commtechits.surabaya@gmail.com