

Community & Technological (CommTECH) Camp

2019



Registration Form

Personal Information Last Name: First Na Date of Birth: Passpo	ourse B : Smart Living me: rt Number: y of Citizenship:			
& Culture Personal Information Last Name: Date of Birth: Passpo Institution / University: Country	rt Number: y of Citizenship:			
Last Name: Date of Birth: Passpo Institution / University: Country	rt Number: y of Citizenship:			
Date of Birth: Passpo Institution / University: Country	rt Number: y of Citizenship:			
Institution / University : Country	y of Citizenship:			
	2			
□ Male				
□ Male □ Felliale	lditional paper if needed)			
Please describe your motivation to join this program: (please use additional paper if needed)				
NOTE: Please describe your motivation thoroughly as we will select the scholarship grantees based				
on your motivation statement Current Mailing Address				

Street:					
City:	State:		Zip/Postal Code:		
Country:		Email:			
Mobile Phone :		Telephone (Home) [Including area/country code]:			
Permanent Address (only if different from current mailing address)					
Street:					
City:	State:		Zip/Postal Code:		
Country:	Mobile	Phone:			
	Home P	Phone:			
Emergency Contact Information					
Last Name:		First Name:			
Street:					
City:	State:		Zip/Postal Code:		
Country:		Phone [inc	luding area/country code]:		
Email:					
Academic Information (only if you are a student)					
Degree : □ Bachelor □ Master □ Doctoral					
Major:					
Current Academic Status:					
☐ First Year ☐ Second Year ☐ Third Year ☐ Fourth Year					
Institution Information (only if you are a lecturer /staff)					
Current Position:					
Unit / Department / Faculty :					
Travel Plan (You can fill further details later)					
Date of Arrival: dd/ mm/ yy l Flight Num					
Date of Departure : dd/ mm/ yy I Flight Num	ber:				
Additional Information					
Join Rafting					
Food which you are allergic to:					
Restricted Food:					
Phobia:					
Shirt Size: □ S, □ M, □ L, □ XL					

Costs					
USD 1,600,- You may choose the category for the payment you apply for: □ Full Scholarship			you apply for:		
Course Fee					
☐ Partial Scholarship (Paid USD 1,000)					
	☐ No Schol	rship (USD 1,600)			
Payment					
Please be sure to check the authorization box below:					
☐ Wire transfer to:					
Account Number : 140001816	51787				
Account Name : PT ITS Tekr					
Bank Name : PT Bank Ma					
1	S Gedung Rise				
Indonesia 6	lo, Keputih, S	rabaya,			
Swift Box : BMRIIDJA	OIII				
□Transfer through Western \u00bc	Jnion to:				
Name: Cahyani Satiya Pratiwi					
Address: Jl Kebonsari IV/22 A,					
City : Surabaya Postal Cod	de: Count	ry : INDONESIA			
Academic/Professional Reference					
Please provide the name and contact information	on of your refere	ce.			
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 required.)	of age, parental approval is		
		. equiteur			
		Date :			

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

- Scanned passport
- One recommendation letter from your university
- Scanned students/staffs/lecturers I.D or statement letter that you are staff or lecturers from your university

Please complete the registration before 25 May 2019

CONTACT PERSON:

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