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|---|--|---|---------------------|
| 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 Phone: | |
| Emergency Contact Information | | | |
| Last Name: | | First Name: | |
| Street: | | | |
| City: | | State: | Zip/Postal Code: |
| Country: | | Phone [including area/country code]: | |
| Email: | | | |
| 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 : | | | |
| Travel Plan (You can fill further details later) | | | |
| Date of Arrival : | dd/ | mm/ | yy Flight Number: |
| Date of Departure : | dd/ | mm/ | yy Flight Number: |
| Additional Information | | | |
| Join Rafting | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Food which you are allergic to: | | | |
| Restricted Food: | | | |
| Phobia: | | | |
| Shirt Size: <input type="checkbox"/> S, <input type="checkbox"/> M, <input type="checkbox"/> L, <input type="checkbox"/> XL | | | |
| Costs | | | |
| Course Fee | USD 1,600,- | | |

| | | | |
|--|--|--|------------------|
| | | You may choose the category for the payment you apply for: | |
| | | <input type="checkbox"/> Full Scholarship <input type="checkbox"/> 50% Scholarship (Paid USD 800) <input type="checkbox"/> Partial Scholarship (Paid USD 1,000) <input type="checkbox"/> No Scholarship (USD 1,600) | |
| Payment | | | |
| Please be sure to check the authorization box below: | | | |
| <input type="checkbox"/> Wire transfer to: Account Number : 1400018161787 Account Name : PT ITS Tekno Sains Bank Name : PT Bank Mandiri Bank address : Kampus ITS Gedung Riset Center Lt. 2, Sukolilo, Keputih, Surabaya, Indonesia 60111 Swift Box : BMRIIDJA | | | |
| <input type="checkbox"/> Transfer through Western Union to: Name: Cahyani Satiya Pratiwi Address: Jl Kebonsari IV/22 A, Kecamatan : Jambangan, RT/RW. 02/02. City : Surabaya Postal Code: Country : INDONESIA | | | |
| 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 : | |

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 10 December 2019

CONTACT PERSON:

Mr. Muh. Wahyu Islami PM, S.T. / Mr. Muh. Fachry Nova

International Office

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