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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application for CommTECH Nusantara 2022** | | | | | | | | | | | | | | | | |
| **Personal Information** | | | | | | | | | | | | | | | | |
| Full Name : | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | | | | Passport Number: | | | | | | | | | |
|
| Institution / University : | | | | | | | Country of Citizenship: | | | | | | | | | |
|
| □ Male | | | | | | □ Female | | |  |  | |  | |  | |  |
|  |  | |  | |  | |  |
| Please describe your motivation to join this program: (please use additional paper if needed) | | | | | | | | | | | | | | | | |
| **NOTE:**  Please describe your motivation why do you want to join this program | | | | | | | | | | | | | | | | |
| **Current Mailing Address** | | | | | | | | | | | | | | | | |
| Street: | | | | | | | | | | | | | | | | |
|
| City: | | | | | | | | State: | | | | Zip/Postal Code: | | | | |
| Country: | | | | | | | | | Email: | | | | | | | |
|
| Mobile Phone : | | | | | | | | | Telephone (Home) [Including area/country code]: | | | | | | | |
| **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 : | | | | | | | | | | | | | | | | |
| **Costs** | | | | | | | | | | | | | | | | |
| Course Fee | | | **□ USD 600**  **□ USD 450 (for ITS partner university)**  **□ (Additional fee of Airport Pick-up Service: USD 25)**  **\***Please check at your university whether your university have partnership with ITS | | | | | | | | | | | | | |
| **Payment** | | | | | | | | | | | | | | | | |
| Please be sure to check the authorization box below: | | | |  |  | | | | | |  | |  | |  | |
|  | □ **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 | | | |  | | | | | |  | |  | |  | |
|  |  | | | |  | | | | | |  | |  | |  | |
|  |  | | | |  | | | | | |  | |  | |  | |
|  | □**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. | | | | | | | | | | | | | | | | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | (If applicant is under 18 years old of age, parental approval is required.) | | | | | | | | | | | |
|
|  |  |  |  |  | Date : | | | | | |  | |  | |  | |

**Notes:**

For those who want to join this program, **please send this registration form with**:

* Scanned Cover passport
* Scanned Biodata Passport
* 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)
* Full Dose Vaccine Certificate

Please kindly pay attention that **once you are selected as participant of this program**, you will be asked for additional visa required documents, such as:

* Police clearance / criminal record letter
* Health certificate signed by doctor/physician

Please kindly send this application form and all documents mentioned above to [**commtech@its.ac.id**](mailto:commtech@its.ac.id)**.**

**Deadline:**

**July 15, 2022 - 12 AM GMT+7**

**CONTACT PERSON:**

*Mr. Emharis Gigih Pratama (Harris), MA*

*Mr. Muh. Wahyu Islami PM, S.T.*

*ITS Global Engagement*

*Institut Teknologi Sepuluh Nopember (ITS)*

*Global Kampong Building*

*Campus ITS Sukolilo Surabaya 60111, Indonesia*

*Telp/Fax : +62-31-5923411*

*Email*: [commtech@its.ac.id](mailto:commtech@its.ac.id) / [internationaloffice.its@gmail.com](mailto:internationaloffice.its@gmail.com)