

Community & Technological (CommTECH) Camp 2026 Registration Form



| Application for CommTECH Camp Insight 2026 please choose the stream below: | | | | |
|---|------------------------------------|--|--|--|
| ☐ Technology Innovations (22 January – 2 February 2026) | | | | |
| □ SDGs Innovations (9 February – 20 February 2026) | | | | |
| Personal Information | , , | | | |
| Full Name (Based on your Passport): | | | | |
| Date of Birth: | Passport Number: | | | |
| Institution / University : | Country of Citizenship: | | | |
| □ Male | □ Female | | | |
| Please describe your motivation to join this program: (pleas | se use additional paper if needed) | | | |
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| 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 area/country | e (Home) [Including code]: |
| Permanent Address (only if different from current mailing address) | | | |
| Street: | | | |
| City: | State: | | Zip/Postal Code: |
| Country: | Mobile Phone: | | |
| | Home F | Phone: | |
| Emergency Contact Information | | | |
| Last Name: | | First Name: | |
| Street: | | | |
| City: | State: | | Zip/Postal Code: |
| Country: | | Phone [incl | luding area/country code]: |
| Email: | | | |
| Academic Information (only if you are a student) | | | |
| Degree : Diploma Bachelor Master Doctoral | | | |
| Study Major/Dept : | | | |
| 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 I Flight Numb Date of Departure : dd/ mm/ yy I Flight Numb | | | |
| | | | |
| Additional Information | | | |
| Food which you are allergic to: | | | |
| Restricted Food: Phobia: | | | |
| Shirt Size: S, M, L, XL | | | |
| Costs | | | |
| CUSIS | | | |

| | USD 1,600,- | | | | | |
|---|--|-----------|-------------------------------------|------------------------------|--|--|
| You may choose the category for the payment you apply for: | | | you apply for: | | | |
| Course Fee | Course Fee | | | | | |
| □ 50% Scholarship (Paid USD 800) | | | | | | |
| | ☐ Partial Scholarship (Paid USD 1,000) | | | | | |
| | ☐ No Schol | arship (U | SD 1,600) | | | |
| Payment | | | | | | |
| Please be sure to check the authorization box below: | | | | | | |
| ☐ Wire transfer to: | | | | | | |
| Account Number : 140001816 | 51787 | | | | | |
| Account Name : PT ITS Tekr | no Sains | | | | | |
| Bank Name : PT Bank M | | | | | | |
| • | S Gedung Rise | | | | | |
| | Lt. 2, Sukolilo, Keputih, Surabaya, Indonesia 60111 | | | | | |
| Swift Box : BMRIIDJA | 0111 | | | | | |
| Suit Box (Burning) | | | | | | |
| | | | | | | |
| ☐Transfer through Western \ | Jnion to: | | | | | |
| Name: Muhammad Wahyu Isl | | | | | | |
| Pratama Maondu | | | | | | |
| Address: Gedung Global Kamı | oong, Kampus | ITS Sukol | ilo | | | |
| City : Surabaya Postal Cod | de: 60111 | Country: | INDONESIA | | | |
| | | | | | | |
| Academic/Professional Reference | | | | | | |
| Please provide the name and contact information | on of your refere | | | | | |
| Last Name: | | First Nar | ne: | | | |
| - | | | | | | |
| Street: | | | | | | |
| City | State: | | | Zip/Postal Code: | | |
| City: Phone: (including area/country code) | State. | Email: | | Zip/Postal Code. | | |
| Email: | | | | | | |
| Occupation: School/Faculty: | | | | | | |
| Agreement | | | | | | |
| 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.) | | | |
| | | | | | | |
| | | | Data | | | |
| | | | 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
- Formal Photo with Plain Background

Please complete the registration before

- Technology Innovations stream: 5th December 2025
- SDGs Innovations stream: 21st December 2025
- *Please kindly always check the regulations to enter Indonesia

CONTACT PERSON:

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Email: commtech@its.ac.id / internationaloffice.its@gmail.com