

Registration Form

Application for CommTECH Camp Insight 2027 please choose the stream below:	
☐ Engineering Innovations (21 January – 1 February 2027)	
☐ SDGs Innovations (25 March – 5 April 2027)	
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: (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 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 : ☐ 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 Flight Number:		
Date of Departure : dd/ mm/ yy Flight Number:		
Additional Information		
Food which you are allergic to:		
Restricted Food:		
Phobia:		
Shirt Size: ☐ S, ☐ M, ☐ L, ☐ XL		
Costs		

Course Fee	USD 1,600,- You may choose the category for the payment you apply for: ☐ Full Scholarship ☐ 50% Scholarship (Paid USD 800) ☐ Partial Scholarship (Paid USD 1,000) ☐ No Scholarship (USD 1,600)	
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: Muhammad Wahyu Islami Pratama Maundu Address: Gedung Global Kampong, Kampus ITS Sukolilo City : Surabaya Postal Code: 60111 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
- Formal Photo with Plain Background

Please complete the registration before

- Stream 1 Engineering Innovations: 11 December 2026

- Stream 2:SDGs Innovations stream: 5 February 2027

***Please kindly always check the regulations to enter Indonesia**

CONTACT PERSON:

Mr. Muh. Wahyu Islami PM, S.T., M.Hub.Int.

ITS Global Engagement

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