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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application for Virtual CommTECH Nusantara 2025: The Spirit of Indonesia Heroes**  **10-21 Nov 2025 (19.00 – 22.00 WIB / GMT +7. Surabaya Time)** | | | | | | | | | | | | | | | |
| **Personal Information** | | | | | | | | | | | | | | | |
| Full name: | | | | | | | | | | | | | | | |
| Place and 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) | | | | | | | | | | | | | | | |
| **Current Mailing Address** | | | | | | | | | | | | | | | |
| Street: | | | | | | | | | | | | | | | |
|
| City: | | | | | | | | State: | | | Zip/Postal Code: | | | | |
| Country: | | | | | | | | Email: | | | | | | | |
|
| Mobile Phone [Including area/country code]: | | | | | | | | 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 50**  **□ Free (for ITS partner university / Approval from ITS**  **\***Please check at your university whether your university have partnership (agreement-based or consortium-based) with ITS | | | | | | | | | | | | |
| **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: | | | | |  | |  | |  | |

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

* Scanned passport/ID citizen.
* 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)

***Deadline: 24 Oct 2025***

***CONTACT PERSON:***

***Mr. Muh. Wahyu Islami PM, ST, M.Hub.Int.***

***ITS Global Engagement***

***Institut Teknologi Sepuluh Nopember (ITS)***

***ITS Global Kampong***

***Campus ITS Sukolilo Surabaya 60111, Indonesia***

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

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