



MINISTRY OF EDUCATION, CULTURAL, RESEARCH, AND
TECHNOLOGY

UNIVERSITAS BRAWIJAYA

FACULTY OF AGRICULTURAL TECHNOLOGY

Jl. Veteran, Malang 65145, Indonesia. Telp. +62 341 580106 Fax. +62 341 568917

E-mail: ftp_ub@ub.ac.id <http://www.tp.ub.ac.id>

APPLICATION FORM

Summer Course Program

“Resilient and Sustainable Agricultural Technologies: Theories and Practices”

Malang, 29 August – 31 October 2024

A. PERSONAL INFORMATION (COMPULSORY)

Full name				Please stick passport sized picture here
Date of Birth (DD/MM/YYYY)		Age		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/>
Citizenship/ Nationality		Religion		
Passport Number		Mobile Number		
Email Address				
Permanent Address				
State & Country		Postcode		

B. EDUCATIONAL BACKGROUND

Current Home university (name & full address)			
Phone number		Fax number	
E-mail address		University website	
Study Program/ Faculty			
Student ID number			
Current Academic Level	<input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD	Current semester	
Current result (CGPA)		Expected Date of Graduation (MM/YYYY)	



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C. PROGRAM INFORMATION

Intended Program of Study at Universitas Brawijaya	Summer Course Program: <i>“Resilient and Sustainable Agricultural Technologies: Theories and Practices”</i>
Type of Mobility	<input type="checkbox"/> Physical <input type="checkbox"/> Virtual <input checked="" type="checkbox"/> Hybrid
Faculty / Institute applied in UB	Faculty of Agricultural Technology
Does this university have MoU with your home university?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Duration of Study	Commencing from 26 August to 31 October 2024
Transfer of credits required	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. LANGUAGE PROFICIENCY

Scale : 1 (*Elementary*) , 2 (*Limited Working*), 3 (*General Proficiency*), 4 (*Advanced Profesional*),
5 (*Functionally Native*)

Native Language	
English	
Others (Please specify):	
English Language Certificate or equivalent (please submit the document on gform) (e.g., TOEFL, IELTS score)	Others (Please specify):



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E. INTERNATIONAL OFFICE CORRESPONDENCE (COMPULSORY)

Please include the contact person from the **home university** (international affairs officer/student exchange coordinator) who is responsible for correspondence.

Name (Mr. / Miss / Mrs.)			
Position			
Office/Department			
Correspondence address			
Phone number		Fax number	
E-mail address			
Signature & Stamp			

F. ADDITIONAL INFORMATION

Have you previously studied in Indonesia? If yes, please provide details.

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G. Student Declaration

I hereby declare that all the information provided in this application form is true and accurate to the best of my knowledge. I understand that providing false information may result in the rejection of my application.

Signature : _____ Date:

Name :