



MINISTRY OF HIGHER EDUCATION, SCIENCE, 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

*“Innovative Agricultural Technologies for Future Food Security, Green Industry, and
Environment Sustainability”*

Malang, 10 June – 31 August 2025

A. PERSONAL INFORMATION (COMPULSORY)

Full name			
Date of Birth (DD/MM/YYYY)	/ /	Age	
Gender		Marital Status	Single/Married
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		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>“Innovative Agricultural Technologies for Future Food Security, Green Industry, and Environment Sustainability”</i>
Type of Mobility	On-site and online
Faculty / Institute applied to UB	Faculty of Agricultural Technology
Does this university have a MoU with your home university?	Yes/No
Duration of Study	Commencing from 10 June to 28 August 2025
Transfer of credits required	Yes/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 g-form) (e.g., TOEFL, IELTS score)	



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E. INTERNATIONAL OFFICE CORRESPONDENCE (COMPULSORY)

Please include the contact person from the **home university** (international affairs officer/student exchange coordinator) 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.

currently, I am studying in Indonesia

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G. Student Declaration

I hereby declare that all the information 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 :