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**SUMMER PROGRAM 2019**

**FACULTY OF CIVIL AND ENVIRONMENTAL ENGINEERING**

**BANDUNG INSTITUTE OF TECHNOLOGY - INDONESIA**

**TROPICAL COASTAL ZONE DEVELOPMENT**

**Theme: Tropical Coastal Infrastructure**

**(TROCOZ-2019)**

**REGISTRATION FORM**

*One Registration Form per Person*

|  |  |  |
| --- | --- | --- |
| Full Name(Underline Last Name) |  | : |
| Name on Name Tag |  | : |
| Salutation |  | : Mr. Ms.  |
| University |  | : |
| Faculty/School |  | : |
| Department |  | : | Under Graduate/Master\* student |
| Field of Study |  | : |
| Name of Faculty/School Dean |  | : |
| Name of Head of Department |  | : |
| Campus Address |  | : |
|  |  | Tel: (+……) Fax: (+……) |
|  |  | City/State: |
|  |  | Country: |
| Home/Mailing Address |  | : |
|  |  | Tel: (+……) Cellphone: (+……) |
|  |  | City/State: |
|  |  | Country: |
| E-mail (s) |  | :  |

\* delete as applicable

 I Agree to submit recommendation letter from Dean/Department (if I get selected in the program) and I Agree to fully participate in FCEE Summer Program from 5-16 August 2019 and follow the rule that will be applied.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send this registration form by e-mail to priana.sudjono@gmail.com or nita@ocean.itb.ac.id before 30 June 2019, completed with following documents:

1. A scanned or digital image of recent photograph.
2. A scanned of Student ID Card.
3. A scanned of Passport (valid at least 6 months)
4. Student Recommendation Form signed by lecturer/faculty member of current department.
5. Student Motivation Letter

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**STUDENT RECOMMENDATION FORM**

I recommend my student below to participate in *Tropical Coastal Zone Development 2018* Summer Program that is held by Faculty of Civil and Environmental Engineering - Bandung Institute of Technology – Indonesia, between 5 – 16 August 2019 in ITB Campus – Bandung, Indonesia.

|  |  |  |
| --- | --- | --- |
| Student Name |  | : |
| University |  | : |
| Faculty/School |  | : |
| Department |  | : | Under Graduate/Master\* student |
| Field of Study |  | : |

Recommended by,

|  |  |  |
| --- | --- | --- |
| Faculty member name |  | : |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**STUDENT MOTIVATION LETTER**

|  |  |  |
| --- | --- | --- |
| Student Name |  | : |
| University |  | : |
| Faculty/School |  | : |
| Department |  | : | Under Graduate/Master\* student |
| Field of Study |  | : |
| *(fill your motivation for joining this Summer Program)* |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_