

Fakultas Teknologi Pertanian

Jalan Veteran Malang 65145 Indonesia

Please stick passport sized picture here

Telp. +62341 580106 Fax. +62341 568917 E-mail: ftp_ub@ub.ac.id http://tp.ub.ac.id

APPLICATION FORM

Short Course Program

"Integrated Agricultural Technologies: Smart Farming, Sustainable Agriculture, Nanotechnology, Bioprocessing, and Biotechnology" Malang, 29 April – 24 May 2024

A. PERSONAL INFORMATION (COMPULSORY)

Full name

Date of Birth (DD/MM/YYYY)				Age		1
Gender	□ Male	□ Female		Marital Status	□ Married	□ Single
Citizenship/ Nationality				Religion		
Passport Number				Mobile Number		
Email Address						
Permanent Address						
State & Country				Postcode		
B. EDUCATION	AL BACKG	ROUND				
Current Home ur (name & full add	niversity ress)					
Phone number	,			Fax number		
E-mail address				Universi website	ty	
Study Program/ I	Faculty					
Student ID numb	er					
Current Academi	ic Level	□ Diploma □ Master	☐ Bachelo	Current semeste	er	
Current result (CGPA)				Expected Dof Graduati		



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C. PROGRAM INFORMATION

Intended Program of Study at Universitas Brawijaya	Short Course Program: "Integrated Agricultural Technologies: Smart Farming, Sustainable Agriculture, Nanotechnology, Bioprocessing, and Biotechnology"
Type of Mobility	 □ Physical □ Virtual √ Hybrid
Faculty / Institute applied in UB	Faculty of Agricultural Technology
Does your home university have MoU with UB?	□ Yes □ No
Duration of Study	Commencing from 29 April to 24 May
Transfer of credits required	□ Yes □ No

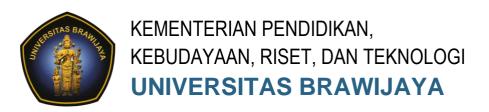
D. LANGUAGE PROFICIENCY

*skip this point if you are an English native speaker

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

5 (Functionally Native)

Your English Scale	
English Language	Others (Please specify):
Certificate or equivalent	
(please submit the	
document on gform) (e.g.,	
TOEFL, IELTS score)	
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) who is responsible for correspondence.	

Name								
(Mr. / Miss / M	rs.)							
Position								
Office/Departm	ent							
Corresponden	се							
address								
Phone number				Fax number				
E-mail address	3							
Signature & St	amp							
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DDITIONAL INF		n Indonesia?	If yes, pleas	e provide deta	ails.			
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	usly studied in	n Indonesia?	If yes, pleas	e provide deta	ails.			
ive you previou	usly studied in	formation pro	ovided in this	s application fo	Form i	s true an	nd accurate the rejectio	ton
Student Declaratereby declare	usly studied in	formation pro	ovided in this	s application fo	Form i	s true an	nd accurate the rejectio	to n (