SUMMER PROGRAM 2017 FACULTY OF CIVIL AND ENVIRONMENTAL ENGINEERING BANDUNG INSTITUTE OF TECHNOLOGY - INDONESIA

TROPICAL COASTAL ZONE DEVELOPMENT (TROCOZ-2017)

REGISTRATION FORM

One Registration Form per Person Full Name (Underline Last Name) Name on Name Tag Salutation : □ Mr. \square 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) Interested to join SIBE ** : □ Yes \square No Conference? If Yes, you would participate as: : □ Author □ Audience delete as applicable ** Sustainable Infrastructure and Built Environment Conference, in ITB Bandung, Indonesia, 26-27 September 2017 (www.sibe.itb.ac.id) ☐ 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 11-25 September 2017 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 2017, 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 2017* Summer Program that is held by Faculty of Civil and Environmental Engineering - Bandung Institute Of Technology – Indonesia, between 11-25 September 2017 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 S	lummer Program)	

Signature: ______ Date: _____