



Project Based Learning: Digital Entrepreneurship

~Strengthening Networking among Students Through Entrepreneurship~

Registration Form

Application for Project Based Learning: Digital Entrepreneurship (25-26 Sept 2017)	
Personal Information	
Last Name:	First Name:
Date of Birth:	Passport Number:
Institution / University :	Country of Citizenship:
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Please describe your motivation to join this program: (please use additional paper if needed)	
NOTE: Please describe your motivation thoroughly as we will select the scholarship grantees based on your motivation statement	

Current Mailing Address		
Street:		
City:	State:	Zip/Postal Code:
Country:	Email:	
Mobile Phone :	Telephone (Home) [Including area/country code]:	
Permanent Address (only if different from current mailing address)		
Street:		
City:	State:	Zip/Postal Code:
Country:	Mobile Phone:	
	Home Phone:	
Emergency Contact Information		
Last Name:	First Name:	
Street:		
City:	State:	Zip/Postal Code:
Country:	Phone [including area/country code]:	
Email:		
Academic Information (only if you are a student)		
Degree : <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctoral		
Major:		
Current Academic Status:		
<input type="checkbox"/> First Year <input type="checkbox"/> Second Year <input type="checkbox"/> Third Year <input type="checkbox"/> Fourth Year		
Travel Plan (You can fill further details later)		
Date of Arrival :	DD/	MM/ YY Flight Number:
Date of Departure :	DD/	MM/ YY Flight Number:
Additional Information		
Food which you are allergic to:		
Restricted Food:		
Phobia:		
Costs		
Course Fee	USD 150,- You may choose the category for the payment you apply for: <input type="checkbox"/> Full Scholarship <input type="checkbox"/> No Scholarship (USD 150)	

Payment		
Please be sure to check the authorization box below:		
<input type="checkbox"/> Wire transfer to:		
Account Number : 158-000-125-0976		
Account Name : Ria Ervilita		
Bank Name : Bank Mandiri		
Bank address : Branch Darussalam Banda Aceh		
Swift Box : BMRIIDJA		
Academic/Professional Reference		
Please provide the name and contact information of your reference.		
Last Name:		First Name:
Street:		
City:	State:	Zip/Postal Code:
Phone: (including area/country code)		Email:
Occupation:		School/Faculty:
Agreement		
I have read the program descriptions, including the application policies and procedures, and I feel that I would benefit from Project based learning: Digital entrepreneurship. I certify that all information I have provided in this form is correct and accurate to the best of my knowledge.		
<hr/>		(If applicant is under 18 years old of age, parental approval is required.)
		Date :

For you want to join this program, please send this registration form with:

- Scanned Passport
- One recommendation letter from your university
- Scanned students/staffs/lecturers I.D or statement letter that you are staff or lecturers from your university

Please do registration before 15 Sept 2017

CONTACT PERSON:

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Office of International Affairs

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