INTERNATIONAL PHARMACY SUMMER SCHOOL

SIZED RECENT PHOTOGRAPH

Association of Pharmacy Student Department of Pharmacy

Faculty of Medicine and Health Sciences Universitas Muhammadiyah Yogyakarta Yogyakarta - Indonesia

Email: [ipss@umy.ac.id](mailto:ipss@umy.ac.id) Website: https://ipss.umy.ac.id/

STUDENT APPLICATION FORM IPSS 2022

This year IPSS will be held on 16th July 2022 – 20th July 2022. Please fill the form below completely.

PERSONAL DETAILS

Full Name : \_ \_

Instant Messenger ID:

\_ Preferred Method of Contact :

Nick Name :

Gender : [ ] Male [ ] Female

Birthday : Nationality : \_ \_ Address : \_

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[ ] Phone [ ] Email

University :

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\_ School Attended : [ ] Pharmacy

Level : [ ] Student\*

[ ] Graduate

\_ \*Year Level in 2022 : \_ Home Number : \_

Mobile Number: \_ Email Address :

Native Language/s : Second Language/s :



SUMMER SCHOOL EXPERIENCE

is there any pharmacy summer school you have attended before? [ ] Yes – Please specify [ ] No

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| --- | --- | --- | --- |
| Name | Topic | Year | City & Country |
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IPSS 2022 SURVEY

How do you rate your knowledge in the field of Indonesian indigenous medicine in modern medical treatment?

[ ] None, but I’m eager to know [ ] Beginner\* [ ] Experienced in this field\*

\*If you check one of the boxes with this (\*) sign, please state briefly why you rate yourself in that level.

How did you hear about IPSS 2022? (You can sign more than one checkbox) [ ] Friend/previous IPSS participant

[ ] Email

[ ] Mailing list, please specify

[ ] Faculty

[ ] Poster

[ ] Leaflet

[ ] Website (including Google search)

[ ] Publication in Pharmacy Conference

[ ] Others, please specify

MOTIVATION AND EXPECTED OUTCOMES

Motivation letter:

We are very pleased if you could state briefly your expected outcomes by joining IPSS 2022.

(place), (date), 2022 (Signature Here)

# Please print this form after you fill in its entirety and sign it with written signature. Send a colour scanned document of this form to: [ipss@umy.ac.id,](mailto:ipss@umy.ac.id) and bring the original form when you join this program.