



Office of Cooperation
and International Affairs



HIMPUNAN MAHASISWA FARMASI
KELUARGA MAHASISWA
FAKULTAS KEDOKTERAN DAN ILMU KESEHATAN
UNIVERSITAS MUHAMMADIYAH YOGYAKARTA

SIZE
RECENT
PHOTOGRAPH

12th INTERNATIONAL PHARMACY SUMMER SCHOOL 2026

Association Of Pharmacy Student
Department Of Pharmacy
Faculty Of Medicine And Health Sciences
Universitas Muhammadiyah Yogyakarta
Yogyakarta - Indonesia

Email : ipssfarmasi2026@gmail.com

Website : <https://ipss.umy.ac.id>



STUDENT APPLICATION FORM IPSS 2026

This Year 12th IPSS Will Be Held On 1st July 2026 – 9th July 2026.

Please Fill The Form Below Completely.

PERSONAL DETAILS

Full Name : _____

Instant Messenger ID : _____

Nick Name : _____

Preferred Method Of Contact : _____
[] Phone [] Email

Gender : Male/Female
(cross out the wrong one)

University : _____

Birthday : _____

School Attended : [] Pharmacy
Level : [] Student [] Graduate

Nationality : _____

Year Level In 2026 : _____

Address : _____

Native Language/s : _____

Home Number : _____

Second Language/s : _____

Mobile Number : _____

Email Address : _____



+62 822-3658-6558 (Salman)



ipssfarmasi2026@gmail.com



Gedung F5 Lt. 1 Kampus Terpadu UMY
Jl. Brawijaya, Geblangan, Tamantirto, Kasihan, Bantul,
Daerah Istimewa Yogyakarta, 55183

SUMMER SCHOOL EXPERIENCE

Is there any pharmacy summer school you have attended before?

☐ Yes – Please Specify ☐ No

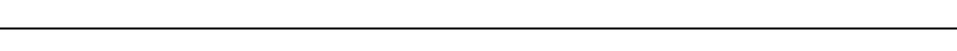
Year	City & Country

IPSS 2026 SURVEY

How is your prespective in the pharmaceutical Herbal Product?

☐ 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)*



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How did you hear about IPSS 2026? (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:



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International Pharmacy Summer School



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(Place), (Date), 2026

(Signature Here)

Please print this form after you fill it in its entirety and sign it with a written SIGNATURE. Upload a color-scanned document of this form to the registration Link: (<https://bit.ly/RegistrationIPSS2026>)

