

**Association of Christian Universities and Colleges in Asia**

**Faculty Mobility Scheme (FMS)**

Nomination Form

When you officially nominate your faculty to a participating institution, please email this form to:

**secretariat@acuca.net**

**ACUCA Secretariat**

**Payap University,**

**Chiang Mai, 50000 Thailand**

**[Information on the Nominee/Home Institution]**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Family, First, Middle) |  ❑ Mr. ❑ Ms. : | Title |  |
| Name of Institution |  |
| Department |  |
| Degree (level/area) |  |
| Current position |  |
| E-mail |  |
| Home institution approval | Approved by:  (signature of approving authority at home institution) |

|  |  |
| --- | --- |
| Institution Applying for: |  |
| Faculty Exchange Period | (MM/YYYY - MM/YYYY) |
| Proposed Areas of Interest (In order of preference): |
| (1) |
| (2) |
| (3) |

[Information on the Host Institution]

|  |  |
| --- | --- |
| Coordinator’s Name |  |
| Position |  |
| Name of Institution |  |
| Postal Address |  |
| E-Mail |  |
| Tel. |  |
| Host institution agrees to provide housing for the duration at no cost |  ❑ Yes ❑ No | Host institution Letter of Acceptance received (if “Yes,” provide copy to the Secretariat) |  ❑ Yes ❑ No |

Note:

1. Participating faculty are expected to return to their home institution upon completion of the program.
2. They will make sure to have sufficient funds in order to cover their living costs while abroad.
3. They must engage/participate with the host institution full-time under this exchange program.
4. Once at the host institution, the faculty will be subject to the rules and regulations, as well as the rights and privileges, enjoyed by those employed at the host institution.
5. Although the visiting faculty will not be required to pay any expenses to the host institution under this program, they will be responsible for all personal needs such as transportation, food, medical insurance, etc. while participating in this program.