

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

**Faculty Mobility Scheme (FMS)**

**Nomination Form**

When you officially nominate your Faculty to FMS participating institutions, please email this form to:

**acuca.secretariat@gmail.com**

**[Nominee Information]**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | (Family, First, Middle)  🞏 Mr. 🞏 Ms. : | |
| Name of Institution | | | Department |
| Degree (level/field) | |  | |
| Current Position | |  | |
| E-mail | |  | |
| Home Institution Approval | (printed name and signature of approving authority / President at home institution) | | |

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

[Information of the Host Institution]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Coordinator’s Name |  | | | | |
| Position |  | | | | |
| Name of Institution |  | | | | |
| Postal Address |  | | | | |
| E-Mail |  | | | | |
| Tel. |  | | Fax. |  | |
| Host Institution agrees to provide housing for the duration at no cost |  | Letter of Acceptance from the host institution received | | |  |

Note:

1. The Faculty member must be a regular employee of their home institution.
2. They will make sure to have sufficient funds to cover their living costs while abroad.
3. The grantee will be subject to the rules and regulations, as well as the rights and privileges enjoyed by regular employees of the host institution.