Kindly fill-in the necessary information:

|  |
| --- |
| **General Information** |
| Institution |  |
| Address |  |
| Website |  |
| Head of Institution |  | Email address |  |
| Designation |  |
| Acuca Contact Person  |  |
| Active email Address for ACUCA Matters |  |

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| --- |
| **Student Mobility Scheme** **Key Date, Quota, and Requirements** |
| Institution |  |
| Tuition and Other fees Waiver |  |
| Term Schedules |  |
|  |
| Application Deadline |  |
|  |
| Requirement |  |

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| **CONTACT for Student Mobility Scheme** |
| Institution |  |
| Name |  |
| Office |  |
| Position |  |
| email |  |
| Phone |  |
| fax |  |