For Secretariat use only:

Association of Christian Universities and Colleges in Asia **Faculty Mobility Scheme (FMS)**

TRAVEL AND LIVING EXPENSES SUBSIDY

[Information on Nomine	ee]			Picture
Name	(Family, First, Middle)			
	☐ Mr. ☐Ms.:			
E-Mail				
Study Abroad Period				
[Information on Host Ins	stitution]			
Coordinator's Name				
Position				
Name of Institution				
E-Mail				
[Amount of Airfare]*				
USD:				
	ceipt, quoted in United States Dollars, as well as the lish, please provide an English translation of the sa		ırrency, issued by the tr	avel agency or airline
Coordinator's Name				
Position				
Name of Institution				
Postal Address				
E-Mail				
Tel.		Fax.		
Signature and Date:				

Instructions:

- Please fill out this form clearly using block letters, and attach the following:
 - copy of acceptance letter from the host universitycopy of the flight tickets and itinerary

Please note that applications without these attachments will not be considered.

2. Send BY EMAIL to:

acuca.secretariat.hnu@gmail.com