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 |  | | |

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

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