

For Secretariat use only:

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

TRAVEL AND LIVING EXPENSES SUBSIDY

[Information on Nominee]

| | |
|---------------------|--|
| Name | (Family, First, Middle) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. : |
| E-Mail | |
| Study Abroad Period | |

Picture

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[Information on Host Institution]

| | |
|---------------------|--|
| Coordinator's Name | |
| Position | |
| Name of Institution | |
| E-Mail | |

[Amount of Airfare]*

| |
|------|
| USD: |
|------|

*The original invoice or receipt, quoted in United States Dollars, as well as the local currency, issued by the travel agency or airline is required. **If not in English, please provide an English translation of the same.**

[Information on Nominee's Home Institution]

| | | | |
|---------------------|--|------|--|
| Coordinator's Name | | | |
| Position | | | |
| Name of Institution | | | |
| Postal Address | | | |
| E-Mail | | | |
| Tel. | | Fax. | |

Signature and Date:

Instructions:

1. Please fill out this form clearly using block letters, and attach the following:
 - copy of acceptance letter from the host university
 - copy of the flight tickets and itinerary
2. Send **BY EMAIL** to: acucasec@mail.doshisha.ac.jp