

**UNIVERSITY CONSORTIUM VISITING LECTURER PROGRAM FOR TEACHING PURPOSES
APPLICATION FORM**

I. GENERAL INFORMATION

1. Name of Applicant: _____
2. Gender: Male Female 3. Birthdate: _____
4. Home address: _____
5. Contact no: _____ 6. Email address: _____
7. Nationality: _____ 8. Highest Degree Earned: _____
9. Date Attained: _____
10. Area of Specialization: _____
11. Position Title/Academic Rank: _____
12. Home Institution: _____
13. Address of Home Institution: _____

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II. DETAILS OF PROPOSED FACULTY VISIT:

1. Host Institution (pls. check):
 IPB UGM UB KU UPM UPLB TOKYO NODAI NTU
2. Period of intended stay at host university (inclusive dates)
From: _____ To: _____

3. Subject(s)/course(s) to be taught:

Course Name	Description

4. Name(s) of contact professor(s) at host university:

Name	Department/College	Email address

III. DOCUMENTS ATTACHED (pls. check)

- Curriculum Vitae of applicant
- Proposal indicating objectives of the visit, and activities/work plan and projected outcome of the visit duly endorsed by home and host institutions

Applicant's Signature: _____ Date filed: _____

Endorsed by: _____
Name/Signature of UC Coordinator

INSTRUCTION TO THE APPLICANT

Please submit duly accomplished application form together with the required supporting documents to the UC Coordinator of your university. The list of UC Coordinators and contact details may be found in <https://uc.searca.org/about/university-consortium-officials>