UNIVERSITY CONSORTIUM MATCHING GRANT FOR MOBILITY
APPLICATION FORM

I. GENERAL INFORMATION OF APPLYING INSTITUTION

1. Home Institution: __________________________________________________________

2. Address of home institution: ____________________________________________

3. Head of Mobility Delegation (Faculty/Lecturer): ______________________________

4. Contact No.: ____________________________ Email Address: __________________

II. DETAILS OF PROPOSED MOBILITY:

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. List of students participating in the mobility (use separate sheets if necessary):

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<th>Name</th>
<th>Degree Program and Specialization</th>
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III. DOCUMENTS ATTACHED (pls. check)

   - [ ] Letter of application endorsed by the UC Coordinator of the UC member university where the applicant is pursuing his/her graduate program.
   - [ ] Objectives of the travel/mobility, proposed activities or itinerary, expected output/outcome from the trip and budgetary requirements as endorsed by the home institution
   - [ ] Certificate or proof of financial support from other sources, if any

Head of Mobility Delegation’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