

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:		
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)

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

Name	Degree Program and Specialization	Email address

To:

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: ____

II.

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