**FACULTY EXCHANGE APPLICATION FORM**

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| **PERSONAL INFORMATION**  |
| BINUSIAN ID  |  |
| Name |   |
| Gender | Male/Female |
| Place and Date of Birth |   |
| Passport Number  |  |
| Passport Expiration Date  |  |
|  |
| **CONTACT INFORMATION** |
| Email Address |   |
| Telephone Number |  |
| Address |   |
| **PROGRAM INFORMATION** |
| Host University/Organization  |   |
| PIC of Host Univ/Organization  | If any  |  |
| Email Address of PIC  | If any  |  |
| Name of Program |  |  |
| Start Date  |   |
| End Date  |  |
|  |  |  |  |  |
| **EMERGENCY CONTACT** |
| Name | Mr/Mrs/Ms. |
| Relationship |   |
| Address  |  |
| Telephone Number |  |
| Email Address |   |
|  |
| **REQUIRED DOCUMENTS** |
| * Copy of BINUSIAN Card
 |
| * Copy of Passport
 |
| * Curriculum Vitae
 |
| * Copy of Academic Transcript
 |
| * Copy of Academic Certificate
 |
| * Copy of TOEFL/IELTS or other English Proficiency Certificate (if required by host University/Organization)
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| * Recommendation Letter
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| **APPLICANT’S DECLARATION** |
| I certify that the statements made by me on Faculty Exchange Application Form are true, complete and correct to the best of my knowledge. I fully understand if I am to join, I agree to:1. follow the program and abide the rules of Institutions in which I undertake to join;
2. act in such a manner that will not bring disrepute to myself, BINUS UNIVERSITY, home-University or my country of citizenship during my program;
3. abide the rules and regulations governing my visa;
4. release information contained in this application form to relevant authorities;
5. disburse any additional personal expenses not included in the cost of program that might occur during my program;
6. that BINUS UNIVERSITY is not responsible for any aspects of my action during the period of program;
7. the use of photographs of myself which relate to this program, taken by BINUS UNIVERSITY or shared by me — the likely uses include but not limited to promotional materials (e.g. brochures, posters, newspaper articles, website, communication with educational agents, and advertising).

I am also aware of any medical condition (disability, illness or pregnancy) which might prevent me from completing my program within the time allowed. |
|  |
| Date: |  |
|  | *(day/month/year)* |
|  |  |  |
|  | *(Applicant’s Full Name & Signature)* |  |
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