**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) | | | | | | | | | | |
| * Recommendation Letter | | | | | | | | | | |
| **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)* | |  | |
|  | | | | | | | | | | |