

Ref No. _____
(To be completed by the AUA Secretariat)

AUA Staff Exchange Program (2023-2024)

Exchange Summary & Review

Part I. Applicant	
Given Name	
Surname	
Gender	Male / Female
Date of Birth	DD/MM/YYYY
Nationality	
Position	
Office/Department	
Employer (must be an AUA member institution or AUA Secretariat)	
Telephone	(country code) + area code + number
Email	
Address & Postcode (for receiving the AUA Staff Exchange Certificate)	
Part II. Host Office/Department	
Host 1	<input type="checkbox"/> AUA member institution Name of Institution: Host Office/Department:
	<input type="checkbox"/> AUA Secretariat
Head of Host Office/Department	Title & Name:
	Position:
	Telephone:
	Email:
Host 2 (if any)	<input type="checkbox"/> AUA member institution Name of Institution: Host Office/Department:
	<input type="checkbox"/> AUA Secretariat
	Title & Name:
	Position:
Head of Host Office/Department	Telephone:
	Email:

Host 3 (if any)	<input type="checkbox"/> AUA member institution Name of Institution: Host Office/Department: <input type="checkbox"/> AUA Secretariat
Head of Host Office/Department	Title & Name: Position: Telephone: Email:
Part III. Exchange	
Starting Date	DD/MM/YYYY
Ending Date	DD/MM/YYYY
Purpose of Visit (Please enter the purpose of the visit. Why do you want to visit the host office/department? What are the expectations of the exchange? What will you do during your stay? What are your anticipated outcome? How will the exchange benefit your work?)	(less than 500 words)
Part IV. Support from Home Office/Department	
Name of Office/Department Head	(Please underline the surname, if any)
Title & Position (e.g. Director of International Office, Curator of University Museum...)	
Telephone	(country code) + area code + number
Email	
Statement of Support	