**BILATERAL TEACHING EXCHANGE PROGRAMME**

**Application Form - Outbound**

Completed application form should be submitted to the Department Chairman at CUHK with a copy to the Office of Academic Links. The Department Chairman will submit both the outbound and inbound applications in a pair to the Department Academic Personnel Committee (DAPC) for approval. DAPC should submit the approved application to the Faculty Academic Personnel Committee (FAPC) for endorsement. FAPC should submit the endorsed application to OAL for selection by the University Academic Personnel Committee (UAPC). Please refer to the flowchart on OAL website for details. The application should include the following documents:

* Letter of invitation from the host institution/collaborator.
* The applicant’s Curriculum Vitae with publication records.
* Copy of notification of financial support for the proposed visit to the host institution (if any).

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| **1. Personal particulars** | | | | | | |
| Title (Mr./Ms./Dr./Prof.) & Name (Family Name/Given Name):  Chinese Name: | | | Position: | | Department/Unit/Faculty: | |
| Email: | Contact Phone No: | | Employment at CUHK:  ❑ Full-time ❑ Part-time | | Staff ID Number: | |
| Are you tenured?  ❑ Yes ❑ No [Please indicate the end date of the current  contract (DD/MM/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]  Note: In the event that there is less than a year of employment in your current contract after the proposed visit, your application should be supported by the Department/Unit Head (or an appropriate higher authority) with specification of intention of contract renewal. Please complete Section 9 on P. 4. | | | Will you retire from CUHK within a year after the proposed visit?  ❑ Yes [Please indicate your retirement date (DD/MM/YY):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]  ❑ No | | | |
| Have you been accepted as a visiting scholar at the host institution during the proposed visit?  ❑ Yes (Please provide details including the visit period):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ No | | | Please indicate if you have received an award/hosted an awardee from any of the following schemes in the past: | | | |
| ❑ International Partnerships Development Programme | | | (AY:\_\_\_\_\_\_\_\_\_) |
| ❑ Outbound Research Mobility Scheme | | | (AY:\_\_\_\_\_\_\_\_\_) |
| ❑ Bilateral Teaching Exchange Programme | | | (AY:\_\_\_\_\_\_\_\_\_) |
| ❑ Short-term Faculty Exchange Programme | | | (AY:\_\_\_\_\_\_\_\_\_) |
| **2. Visit details at host institution** (Please attach a letter of invitation from the host institution/collaborator.) | | | | | | |
| ­­­­­­­­­­­­­Name of Host Institution: | | | Proposed Visit Period (DD/MM/YY):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_  (The proposed exchange must be completed within 18 months from the first visit.) | | | |
| Host Department: | | Exchange Partner (Name/Title/Position): | | Will you receive any financial support for the proposed visit?  ❑ Yes  Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Please attach supporting document, if any.)  ❑ No | | |
| **3. Leave arrangement** (Please indicate the type(s) and period(s) of leave for your proposed visit.) | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Leave Type | Period | | Duration | | From (DD/MM/YY) | To (DD/MM/YY) | (Months & Days) | |  Academic leave (Note) |  |  |  | |  Long leave |  |  |  | |  Annual leave |  |  |  | |  Others (please specify): |  |  |  |   (Note: Academic leave exceeding the annual limit will be considered on a case-by-case basis on the ground of reciprocal manpower arrangement. Please refer to the Staff Handbook for the relevant regulations on academic leave and other types of leave as needed.) | | | | | | |
| **This application is in support of** (Please check one of the boxes.)  🞏 Existing collaboration (Please complete Section 4.)  🞏 New collaboration (Please skip Section 4.) | | | | | | |
| **4. History of collaboration with host institution** (Please list all previous and current collaboration with the host institution/collaborator, including joint research, exchange activities, joint seminars/conferences, publications, etc. You may use a separate sheet if needed.) | | | | | | |
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| **5. Please describe the course(s) to be taught at the host institution and related teaching activities.** | | | | | | |
| 1. Name of course(s) and course level (undergraduate or research postgraduate): 2. Course(s) objectives, outline and related teaching activities: | | | | | | |
| **6. Please describe your research focus.** | | | | | | |
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| **7. Please describe your proposed activities at the host institution and highlight possible areas of collaboration.** | | | | | | |
| 1. Please provide a detailed plan of your undertaking with activities to be undertaken and people whom you will meet. 2. Please state the planned research collaboration, if any. 3. How will your undertaking enhance collaboration between your Department/CUHK and the host institution? | | | | | | |
| **8. Declaration by applicant** | | | | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), declare that the statements made and information given in this application are, to the best of my knowledge, true, complete, and correct. I have read and fully understand the “Guidelines for Outbound and Inbound Applicants”. I understand that the personal data provided in this form will be used by the relevant committees and authorized personnel responsible for handling applications for the award.  Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

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| **9.** **Recommendation by Department and Faculty** |
| 1. **Confirmation by Department Chairman/Unit Head:** 2. I support the application.   ❑ Yes / ❑ No  Please provide reasons:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. I confirm the intention to renew the contract of the applicant so that he/she will be employed by the University within a year after the proposed visit. (Please complete if the applicant has less than a year of employment at the University in his/her current contract.)   ❑ Yes / ❑ No / ❑ N/A  Name in Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Note: Please skip this section and complete Section B only if the applicant is a Department Chairman/Unit Head. |
| 1. **Confirmation by Faculty Dean/Supervising Officer:** 2. I support the application.   ❑ Yes / ❑ No  Please provide reasons:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. I confirm the intention to renew the contract of the applicant so that he/she will be employed by the University within a year after the proposed visit. (Please complete if the applicant has less than a year of employment at the University in his/her current contract.)   ❑ Yes / ❑ No / ❑ N/A  Name in Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Endorsement (For internal use only)** |
| 1. **Recommendation by Department Academic Personnel Committee at CUHK:**   Endorsement by Department Academic Personnel Committee: ❑ Support / ❑ Not Support  Please provide reasons:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name in Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Recommendation by Faculty Academic Personnel Committee at CUHK:**   Endorsement by Faculty Academic Personnel Committee: ❑ Support / ❑ Not Support  Please provide reasons:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name in Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |