



UI-RESOLV PROGRAM

OUTBOUND APPLICATION



Application Information

Salutation	<input type="checkbox"/> Mr.	Full Name	<input type="text"/>
<i>Please tick the applicable option</i>	<input type="checkbox"/> Mrs.		<input type="text"/>
	<input type="checkbox"/> Ms.		
Current Mailing Address	<input type="text"/>		
City	<input type="text"/>	Country	<input type="text"/>
		Postal Code	<input type="text"/>
Phone Number	+ <input type="text"/>	Email Address	<input type="text"/>
Date of Birth	<input type="text"/>	dd/mm/yyyy	
Nationality	<input type="text"/>		
Gender	<input type="checkbox"/> Male		
<i>Please tick the applicable option</i>	<input type="checkbox"/> Female		
Passport Number	<input type="text"/>	Issuing Country	<input type="text"/>
Date of Issue	<input type="text"/>	Date of Expiry	<input type="text"/>

UI Faculty Information

Faculty Name	<input type="text"/>		
Faculty Administrator (if applicable)	<input type="text"/>		
Division/Department	<input type="text"/>		
Current Mailing Address	<input type="text"/>		
City	<input type="text"/>	Country	<input type="text"/>
		Postal Code	<input type="text"/>
Phone Number	+ <input type="text"/>	Email Address	<input type="text"/>

Foreign University Partner Information (if applicable) - If you have been developing a mutual academic interest with UI's foreign university partner, please detail the point of contact in this section.

Faculty Name	<input type="text"/>		
Department Name	<input type="text"/>		
Faculty Contact	<input type="text"/>		
Phone Number	+ <input type="text"/>	Email Address	<input type="text"/>

Program Information

Expertise/Discipline

Proposed RESOLV
Activities
*Please tick the applicable
options*

<input type="checkbox"/>	Lecturing	Topic	<input type="text"/>
<input type="checkbox"/>	Curriculum Development	Topic	<input type="text"/>
<input type="checkbox"/>	Academic Workshop	Topic	<input type="text"/>
<input type="checkbox"/>	Teaching Material Development	Topic	<input type="text"/>
<input type="checkbox"/>	Joint Research Proposal Design	Topic	<input type="text"/>
<input type="checkbox"/>	Joint Research	Topic	<input type="text"/>
<input type="checkbox"/>	Joint Publication		<input type="text"/>
<input type="checkbox"/>	Others. Please specify		<input type="text"/>

Additional remarks

Proposed Arrival Date

Proposed Departure Date

Please attach the following.

- CV/Resume
- Letter of Recommendation from the home university or faculty
- A copy of identity page of passport
- Summary of proposed research (if applicants are particularly doing a research endeavor for the visit)
- Relevant correspondence with related faculty member of the host university (if any)

By signing this application form, I certify that all information I have provided above is accurate and truthful.

Date

Signature

Name