

**RETURN FORM TO**

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INTERNATIONAL PROGRAMS  
ADMINISTRATION BUILDING, ROOM 213  
7720 YORK ROAD, TOWSON, MD 21252-0001

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**FACULTY/STAFF FOREIGN EXCHANGE APPLICATION**

DATE OF SUBMISSION:

**1. CLASSIFICATION:** *Please check one*                       Faculty       Staff

**2. APPLICANT INFORMATION** \*PLEASE ATTACH A CURRICULUM VITAE/RESUME TO APPLICATION

Name	Department & Campus Address	Home Address
Title	Office Telephone No.	Home Telephone No.
Email Address		Social Security Number

**3. FOREIGN EXCHANGE INFORMATION**

Country of Preference		
<b><i>If you have an exchange institution in mind, please provide the following:</i></b>		
Name	Institution	Department
Telephone Number	Fax Number	Email Address
Start Date ____ mm ____ dd ____ yy	End Date ____ mm ____ dd ____ yy	
Purpose: <i>Please check at least one of the following</i>		
<input type="checkbox"/> Teaching <input type="checkbox"/> Consulting/Advising <input type="checkbox"/> Research <input type="checkbox"/> Professional Development		
Courses you are prepared to teach or fields of work		

**4. STATEMENT OF INTEREST** *Explain the goals of your exchange and how it will benefit you and Towson University.*

**5. LANGUAGE SKILLS** 1 = Rudimentary/reading; 2 = Intermediate; 3 = Advanced; 4 = Native speaker/fluent

Foreign Languages (List Below)	Skill Level			
	1	2	3	4
	1	2	3	4
	1	2	3	4
	1	2	3	4

**6. PREVIOUS EXCHANGES** If you have done an exchange in the past, please provide the following information

Exchange Institution	Country	Start Date	End Date

**7. ACCOMMODATIONS**

	Yes	No
Would you like the exchange institution to act as a mediator in finding accommodations?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to exchange your house/apartment as part of the exchange?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to rent a house or apartment?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide further details on your housing preferences:		

**8. AGREEMENT AND SIGNATURES**

The information provided on this form is correct to the best of my knowledge. In the event this exchange is approved, I agree to abide by all applicable institutional, partner and partnering agency policies and procedures of Towson University and the exchange institution.

I understand that I must do the following prior to departure:

- Complete Travel Authorization Form
- Notify the Office of International Programs of my departure date and local contact information
- Ship teaching materials and supplies, as needed.

I also understand that I must submit a Travel Expense Voucher with boarding passes upon my return in order to obtain reimbursement.

**APPLICANT SIGNATURE**

**DATE**

\_\_\_\_\_

\_\_\_\_\_

**DEPARTMENT/DIVISION HEAD**

**DATE**

\_\_\_\_\_

\_\_\_\_\_

**ACADEMIC DEAN/VICE PRESIDENT**

**DATE**

\_\_\_\_\_

\_\_\_\_\_

**9. EXCHANGE PARTNER INSTITUTION** *To be completed by International Programs Office*

Towson University Applicant Name	
Exchange Institution Name	Address
Contact Name & Title	Telephone No. <i>Including country code</i>
Email Address	