Outgoing CCSU Faculty Exchange Request Form

Office of Academic Affairs and the Center for International Education
Central Connecticut State University

Due no later than: February 1 for Fall Semester
July 1 for Spring Semester

Please contact the Center for International Education, your Department Chair, and the Dean of your School prior to submitting this form.

Applicant Information (please respond in full to all sections below).

Name: ____________________________________________________________

Academic Department: ________________________________________________

Telephone numbers: ____________________________________________

office  home  cell

Dates of Proposed Exchange: ____________________________________________

University to be visited: ________________________________________________

(attach the invitation letter you received from the inviting university; specify if this is a CCSU Partner school with an approved agreement)

Statement of purpose of proposed exchange visit:

Describe the nature of your activities while on exchange:

How will this exchange benefit CCSU?

How will this exchange benefit your scholarship?

In order for your Chair and Dean to plan for course coverage, list the CCSU courses you would normally have taught at CCSU during this period:
Funding Information

Identify all University financial support/benefits you are requesting during the proposed exchange period:

□ Continuation of full University salary and fringe benefits

□ Request unpaid leave of absence (pursuant to terms of Collective Bargaining Agreement)

□ Travel funds:  Source: ______________________________ Amount: $_____________

Source: ______________________________ Amount: $_____________

Source: ______________________________ Amount: $_____________

□ Other (explain):  ________________________________________________________

Signatures

__________________________________________  ______________________________
Applicant                                             Date

__________________________________________  ______________________________
Department Chair                                       Date

Chair. If this exchange is approved, please indicate how you plan to cover the courses that the faculty member would normally have taught on campus.

__________________________________________  ______________________________
Academic Dean                                         Date

Comments:  ________________________________________________________

__________________________________________  ______________________________
CIE: Director                                         Date

CIE: Indicate what assistance will be provided to the faculty member if the exchange is approved.

__________________________________________  ______________________________
Provost/Vice President for Academic Affairs            Date

Routing - Once the Applicant has obtained the signatures of his or her Chair and the Dean, the signed original and attachment s, as appropriate, should be forwarded to the Center for International Education for routing to the Provost. If approved, the CIE will send copies to all parties above, and to the Chief Human Resources Officer.