

AAU Staff Exchange Programme (SEP)

Organisation of Exchange Mission

(To be completed by Exchange Staff and endorsed by head of requesting institution)

Home Institution		Host Institution		
Name, Place:		Name, Place:		
Institute/Faculty/ Department:		Institute/Faculty/ Department:		
Exchange Fellow		Contact Person at Host	Institution	
Name & Title:		Name & Title:		
Function:		Function:		
Address:		Address:		
E-mail:		E-mail:		
Telephone:		Telephone:		
Fax:		Fax:		
Exchange Mission				
Subject area / topic(s)to be treated:				
Dates of the visit:	from:	until:	Duration of the visit:	days
Total number of teaching hours (not less than 8 hours per week):				
Language of instruction:				
Form of service to be rendered:	☐ Seminar/Presentation☐ External Examiner		☐ Lectures☐ Graduate Supervision	
	Resea	Research collaboration		
Level of students to be taught/examined/ supervised at host institution:	☐ Undergraduate☐ Postgraduate		☐ Full-time students ☐ Part-time students	
Other activities (specify):				
Comment:				
Signature (Vice – Chancellor of requesting institution)				
Place, Date:	Signatu	re:		
Signature (Exchange Staff)				
Place, Date:	Signatur	e:		