



Center for International Education
 605 Washington Street
 PO Box 1857
 Fayette, IA 52142
 Phone: +1 (563) 425-5852
 Fax: +1 (563) 425-5833
 E-mail: international@uiu.edu
 Web: www.uiu.edu

FACULTY EXCHANGE PROGRAM

The Faculty Exchange Program (FEP) provides full-time UIU faculty an opportunity to experience the University's global enterprise by teaching at one of its campuses abroad. Furthermore, this program affords an invaluable opportunity to those faculty interested in internationalizing their curriculum.

Information on the current available programs is as follows:

	HONG KONG	MALAYSIA
Number of Openings	Up to two per term, depending on center needs.	Up to two per semester, depending on center needs.
Duration of Program	Two terms.	One semester.
Teaching Load	Two or three courses per term.	Four courses per semester.
Class Information	Classes are mostly offered in the evening.	Classes are only offered during the day.
Compensation	You will continue to be paid as normal.	You will continue to be paid as normal.
Accommodation	Fully furnished apartment with internet access provided. Apartment within walking distance from campus or accessible to mass transit.	Fully furnished apartment with internet access provided. Apartment within walking distance from campus or accessible to mass transit.
Airfare	Economy class ticket provided.	Economy class ticket provided.
International Insurance	Provided.	Provided.
Visa	Paid for by the Center for International Education.	Paid for by the Center for International Education.
Faculty Guidelines/Policies	UIU Faculty Handbook applies to UIU locations worldwide.	UIU Faculty Handbook applies to UIU locations worldwide.

Please note the following:

- Priority will be given to faculty from academic areas for which we have a need at UIU Hong Kong or UIU Malaysia.
- Meals are the responsibility of the faculty member.
- Due to limited space, an office may not be available for the faculty participating in this program. However, computer labs and meeting rooms may be available.
- All classrooms are equipped with a projector, and the use of technology in the classroom is highly encouraged.

- Spouses/partners/dependents are welcome to accompany the faculty member with prior approval from the Center for International Education. Please note that UIU will not be responsible for any expenses related to a spouse/partner/dependent.

Academic Calendar at International Centers:

Malaysia: Fall (August – December)
 Spring (January – May)

Hong Kong: Term 1 (August – October)
 Term 2 (October – December)
 Term 3 (January – March)
 Term 4 (March – May)
 Term 5 (May – late June)
 Term 6 (June – August)

If you have any questions, or to request an application, please contact Ismael Betancourt, Vice President for International Education, at betancourti@uiu.edu or at (563) 425-5832.



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Application Form

Preferred Location: Malaysia Hong Kong
 Term(s): (Hong Kong Only) 1 2 3 4 5 6
 Semester: (Malaysia Only): Fall Spring
 Academic Year: _____ (i.e. 2013-14, etc.)

Secondary Location Preference: Malaysia Hong Kong None
 Term(s): (Hong Kong Only) 1 2 3 4 5 6
 Semester: (Malaysia Only): Fall Spring
 Academic Year: _____ (i.e. 2013-14, etc.)

Name: _____

Department: _____ (e.g., Finance, Math, Biology, etc.)

Campus Address: _____ (e.g., Alexander-Dickman #123)

E-mail: _____

Office Phone: _____ Cell Phone: _____

Date of Birth(*): _____ (MM/DD/YYYY)

**For international insurance purposes only.*

Please list any courses that you are qualified/authorized to teach at UIU(**):

COURSE CODE	COURSE TITLE
<i>Example: BA160</i>	<i>Example: Microeconomic Principles</i>

****Note:** The more courses you list, the better your chance of being selected. If you need additional space, please write on the back of this sheet or attach a separate sheet.

Faculty Name: _____

Date: _____

Please attach a copy of your CV/Resume with the application.

Please obtain the following supporting signatures and submit this page with your application.

To the Dean,

The faculty member above is applying to the UIU Faculty Exchange Program and is requesting your authorization to participate in the program.

Dean or Division Chair Name: _____

Dean or Division Chair Signature: _____

College or School: _____

Date: _____

To the Provost/Chief Academic Officer,

The faculty member above is applying to the UIU Faculty Exchange Program and is requesting your authorization to participate in the program.

CAO or Academic Affairs Representative Name: _____

CAO or Academic Affairs Representative Signature: _____

Position (if Academic Affairs Representative): _____

Date: _____

I hereby understand the information presented to me and the commitment required of me through my participation in the Faculty Exchange Program.

Faculty Name: _____

Faculty Signature: _____

Date: _____

Please submit completed application to:

Ismael Betancourt
Vice President for International Education
betancourti@uiu.edu