

2024 UAiTED Faculty Exchange Scholarship Application Form

A: Personal Information:

Name: _____ (First) (Middle) (Last)

Chinese Name : _____ (If Any)

Gender : ☐ M ☐ F

Date of Birth : _____Y_____M_____D

Highest Education and Specialty

Institution : _____ Degree : _____ Major : _____

Affiliation

University: _____

Department: _____ Title: _____

Email: _____ Phone Number: _____

B: Application Information:

B1. Area For Exchange:

- ☐ Biotechnology and Healthcare ☐ Sustainability
- ☐ ICT (Incl. Semiconductors, Communications, IT, AI etc.) ☐ Social Sciences and Humanities

B2. Purpose of Exchange:

B3. Anticipated Research Outcomes:

B4. Duration of Exchange:

B5. Host information:

Name: _____ Title: _____

University: _____

Department: _____

Email: _____ Phone Number: _____

B6. Budget: (Please provide a breakdown of anticipated expenses for the exchange period)

Travel: \$_____ (Flight tickets, local transportation)

Accommodation: \$_____

Insurance: \$_____

Total Budget: \$_____ (The budget is capped at \$5,000)