
Application

Webster University Worldwide Faculty Mobility Program (International Campus Faculty TO St. Louis and U.S. Extended Site)

Name _____ Date _____

School/College _____

Department _____

Home Campus Site _____ E-mail _____

Targeted Host Campus Site _____ St. Louis _____ Other: _____

Term(s):

Summer 20____ Fall I 20____ Fall II 20____

Spring I 20____ Spring II 20____

Teaching Areas: Courses, Subject Area
(Please use separate page.)

Service to Host Campus
(Please use separate page.)

Applicant _____ Date _____

Approval Signatures:

Int'l Campus Director _____ Date _____

Host Campus Director _____ Date _____

Dean _____ Date _____

VP for Academic Affairs _____ Date _____