
Application
Webster University Worldwide Faculty Mobility Program
(St. Louis and Extended Site Faculty TO International Campuses)

Name _____ Date _____

School/College _____

Department _____

Home Campus Site _____ E-mail _____

Targeted Host Campus Site _____

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:

Department Chair or
Site Director _____ Date _____

Dean _____ Date _____

Int'l Host Campus Director _____ Date _____

VP for Academic Affairs _____ Date _____