



CONFIRMATION OF INSTITUTIONAL SUPPORT

Consortium for North American Higher Education Collaboration
Consortio para la Colaboración de la Educación Superior en América del Norte
Consortium pour la collaboration dans l'enseignement supérieur en Amérique du Nord

Thank you for supporting the internationalization and professional development of your faculty members. The participation of a faculty member in this short-term faculty exchange program will open the doors to your institution to create meaningful international faculty collaborations with partner institutions around the world. The small investment made by your institution will translate to deeper and more meaningful future collaborations, exposure of students to international faculty, internationalization of your curriculum and interdepartmental and interinstitutional collaboration, among other benefits.

Institution: _____

Department: _____

Name of Contact Person: _____

Phone Number: _____

Email Address: _____

With this form, _____ at _____
(Department Name) (Name of Institution)

makes a commitment to support the participation of: _____
(Faculty Member Name)

in the CONAHEC Short-term Faculty Exchange Program.

By signing this form, the institution commits to cover cost for the following items:

- Round trip flight for its faculty member to visit partner institution.
- Accommodations of one week for visiting professor.
- Meals for one week for visiting professor.

Departments are also expected to support their faculty and allow them to take up to a week to participate in their international faculty exchange.

Signature: _____

Name: _____

Title: _____

Department: _____

Institutional Stamp