

FORDHAM FACULTY RESEARCH ABROAD PROGRAM (2018) FACULTY APPLICATION FORM

Name: \_\_\_\_\_  
Last First M

Department and School/College \_\_\_\_\_

Campus Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Years at Fordham \_\_\_\_\_

Your three main research fields:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Your potential research partners at Sophia (their names and departments):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

I am willing to share my application package with Sophia faculty on-line:

\_\_\_\_\_ Yes \_\_\_\_\_ No

The following should be included with your submission:

- One-page presentation abstract
- Two-page resume