

CIRTL Network Exchange Program Application – Signature page

Date: _____

Please read the following and sign:

I understand my obligations to my host campus of choice and my home institution upon returning. I give permission to my home and host institution to communicate with the appropriate faculty and staff as needed. Please submit this signature page to your local campus CIRTL contact listed at < <http://www.cirtlcafe.net/networkexchange/toapply>>

Applicant:

Name: _____

Signature: _____

Advisor:

Name: _____

Signature: _____

Department Chair:

Name: _____

Signature: _____