# Institutional Profile Form:
## 5th Batch of SEA-TVET Student Exchange Programme in 2020

(Deadline: 15 January 2020)

To confirm the participation in the 5th batch of SEA-TVET Student Exchange Programme, please submit the completed Institutional Profile Form in PDF or Word format to email: tvet@seameo.org before 15 January 2020.

In addition, you can submit this form with “Profile Brochure/Leaflet” of your institution in English language and PDF format.

### 1) Name of Your Institution

Name of College/Institution/University: ………………………………………………………………………………………………………

Abbreviation: ……………………………………………………………………………………………………………………………

Country: ……………………………………………………………………………………………………………………………

Website: ……………………………………………………………………………………………………………………………

General Email Address: ………………………………………………………………………………………………………

Top Management:

Title: ……………………………………………………………………………………………………………………………

Full Name: ……………………………………………………………………………………………………………………………

Position: ……………………………………………………………………………………………………………………………

### 2) Contact Details of Two (2) Main Coordinators

*Note: For the effective coordination, please ensure that the SEA-TVET Coordinator are the different person of the SEA-Teacher Programme.*

**Coordinator #1 (1st Priority):**

Title: ……………………………………………………………………………………………………………………………

Full Name: ……………………………………………………………………………………………………………………………

Position: ……………………………………………………………………………………………………………………………

Email#1: ……………………………………………………………………………………………………………………………

Email#2 (Optional): ……………………………………………………………………………………………………………………………

Office Telephone Number: ……………………………………………………………………………………………………………………………

Mobile Number: (Country Code) ……… (Mobile)………………

Please check X on the Chat Application you normally use:
Coordinator #2 (2nd Priority):

Title: .................................................................

Full Name: ..........................................................

Position: ............................................................

Email#1: ..............................................................

Email#2 (Optional): .............................................

Office Telephone Number: .....................................

Mobile Number: (Country Code) ............... (Mobile)..............

Please check X on the Chat Application you normally use:

( ) Whatsapp Number: ................................................

( ) LINE ID: ................................................................

3) Information about your Institutions

3.1) Established in year:

3.2) Brief information of your institution (Max 5-8 lines):

3.3) Programmes/ academic faculties/ courses offered at your institutions (in brief):

3.4) Total Number of Teachers/Lecturers:

3.5) Total Number of Students:

3.6) Recommended Airport for Student to Arrive:

Airport Name: ..........................................................

City of Airport:..........................................................

How many hours by car/van from the recommended airport to your institutions: ........ hrs
3.7) Recommended Pocket Money for 1 Month

We suggest the student to bring at least ..............(local currency), or .......USD to for meals, public transportation or other personnel expenses for 1 month.

3.8) Photos of Our Institutions: As a Receiving/Hosting Institution, we would like to share the photos of our institution as follows:

**Photo 1: Administrative/Main Buildings**

Please place the photo(s) in the box

**Photo 2: Faculty/Department Building**

Please place the photo(s) in the box

**Photo 3: Library**

Please place the photo(s) in the box
3.9) Photos of Accommodation: We would like to share the photos of our dormitory/ hostel/ apartments where the inbound students will stay (The cost of accommodation, electricity, and water will be supported by our institution.)

If there is any condition/regulation, please provide information here:
- Students should ............
- Students should ............
Photo 1: Outside the Accommodation

Please place the photo(s) in the box

Photo 2: Common Areas

Please place the photo(s) in the box

Photo 3: Bedrooms

Please place the photo(s) in the box

Photo 4: Self-cooking Area

Please place the photo(s) in the box

Photo 5: Other Facilities/Common Areas
Please place the photo(s) in the box

This is to certify that the above information was already approved by the authorized management of our institution.

Submitted by (Name)..................................................

Position ..........................................................................

Date: .................................................................