



**ICISP TWO-WEEK INTERNATIONAL PROFESSIONAL EXCHANGE PROGRAM
INSTITUTIONAL RECOMMENDATION FORM**

I would recommend the following members for consideration in the ICISP Two-Week International Professional Exchange Program:

Please List in Priority Order

	Name	Discipline
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Matches with similar job responsibilities are not always possible due to the applicant pool.
Our college is interested in the cultural experience and will accept any matches. Yes or No

If a destination **is supported** by your college, please mark an X so it will be considered for pairings.

_____ Netherlands	_____ Switzerland
_____ Finland	_____ Xi'an, China

Please indicate the number of exchanges your college will support for 2012-2013: _____

As a host college, we agree to:

- 1) Provide airfare for selected participants to travel to exchange destination.
- 2) Provide travel reimbursement for selected participants to attend orientation (1-day, usually in September).
- 3) Pay a \$100.00 administrative fee for each exchange match.

Signature - ICISP Representative

Signature - President or Chief Academic Officer

Please return this recommendation form with the application by April 1, 2012 to:

Karen Huber, ICISP Program Assistant
Heartland Community College
1500 W. Raab Road, SCB 2407
Normal, IL 61761