



**Request a Fulbright Senior Specialist
Application for Potential Host Institutions**

<http://www.iie.org/cies/specialists/>

This form is for the use of academic institutions that wish to request a Fulbright Senior Specialist through their local Fulbright Commission or U.S. Embassy.

Return the completed form to your local Fulbright Commission or U.S. Embassy at:

Name _____
Address _____
Telephone _____
E-Mail _____
Fax _____

Instructions to potential host institutions. The recruitment effort for your program request can be most effective if:

1. Careful attention is given to the *Program Description* and the *Purpose of the Program* to ensure adequate detail in describing the scope of work
2. Adequate lead time is given for recruitment of specialists who best fit the program request
3. Flexibility in the timeframe of the proposed project is allowed for in order to accommodate the various schedules of potential Fulbright Senior Specialist candidates

PROGRAM INFORMATION

Field Requested

(Choose only one primary fields. For U.S. Studies, please also specify one sub-field)

Primary Fields

- Anthropology
- Archaeology
- Business Administration
- Communications / Journalism
- Economics
- Education
- Environmental Science
- Information Technology
- Law
- Library Science
- Political Science
- Public Administration
- Sociology
- Social Work
- U.S. Studies (please specify sub-field)

Sub-fields

- Art
- Art History
- Dance
- History
- Literature
- Music
- Popular Culture
- Theater
- __ Urban Planning

Specialization desired within the field requested: _____

Type of Activity Requested
(Check all that apply)

- Present lectures at graduate and undergraduate levels
- Participate in or lead seminars or workshops at overseas academic institutions
- Conduct needs assessments, surveys, institutional or programmatic research
- Take part in specialized academic programs and conferences
- Consult with administrators & instructors of post-secondary institutions on faculty development
- Develop and/or assess academic curricula or educational materials
- Conduct teacher-training programs at the tertiary level
- Other (please describe): _____

Name of Institution Hosting the Award:

Street Address:

City:

Country:

Zip / Postal Code:

Contact Person:

Contact Title

Telephone Number:

Fax Number:

E-mail Address:

Web Address:

Can the host institution cover the lodging, meals and in-country travel of the Fulbrighter? (yes / no)

Program Description: (In order to provide the best possible matches of specialists with program requests, please be very specific as to the type of and scope of work that the specialist would engage in.) Attach additional sheet if necessary.

Purpose of the Program: (Please describe the program objectives and provide background on the issues and institutions involved.) Attach additional sheet if necessary.

Length of Grant: (Grant length may be from 2-6 weeks.)

Proposed Starting Date:
(Please advise the date and time of the program in local time.)

Preferred Arrival Date:

Number of Program Days Requested:

If a serial grant is requested, describe desired intervals, number of visits and length of each visit:

number of visits and length of each visit: _____

Flexibility of Timeframe. *Providing flexibility in the timeframe of the requested project may result in a broader pool of candidates from which to choose. Please describe the extent (in days or months) of the host institution's flexibility.* _____

SPECIALIST INFORMATION

Type of Specialist Required (check one)

__Academic __Professional __Either

QUALIFICATIONS PREFERRED

Please complete all of the following information:

Degree: _____

Minimum years of teaching experience: _____

Academic rank preferred: _____

Language requirements: _____

Audience(s) *(One way of determining the level of grantee expertise needed for a program is to know with whom he/she will be working. If the name of the audience doesn't make clear their level of sophistication, please elaborate).* _____

Other: _____

If this is a request for a specific individual (Name Request), please provide as much of the following as possible: *Note: Host institutions may list specific individuals in whom the institution is particularly interested and may invite such candidates to apply with the understanding that the invitation does not constitute a commitment or a preference in final consideration.*

Name of Person Requested *(Note: The requested individual must be a U.S. citizen):* _____

Title of Person Requested: _____

Institution: _____

Department *(if applicable):* _____

Address: _____

Telephone Number(s): _____

Fax Number(s): _____

E-mail Address(es): _____

Provide a brief justification for requesting this person: _____

FOR OFFICE USE ONLY:

Action Taken by Fulbright Commission/Public Affairs Section of U.S. Embassy:

Note to Fulbright Commissions/Public Affairs Sections: THIS FORM HAS BEEN CREATED TO FACILITATE THE RECEIPT OF PROGRAM REQUESTS FROM POTENTIAL HOST INSTITUTIONS. IT IS NOT MEANT TO REPLACE THE OFFICIAL CALL FOR APPOINTMENT FORM WHICH IS NECESSARY FOR PROCEEDING WITH THE PROCESSING OF THE REQUEST. THIS FORM IS FOR PA SECTION/COMMISSION RECORDS ONLY --PLEASE DO NOT FORWARD THIS FORM TO ECA OR CIES.