INSTITUTE OF INTERNATIONAL EDUCATION

FULBRIGHT

REQUEST FOR
MID-ACADEMIC YEAR
ACADEMIC TRAINING

Name:_____ Phone Number _____

US Address _____ E-Mail Address _____

_____ Apt #_____ Academic Institution/University _____

City _____ Field of Study _____

State_____ Zip _____ Home Country_____

SECTION 1: CURRENT ACADEMIC ACTIVITIES

Please check the box that applies to your program of study:

Master's Certificate Non-Degree

Doctorate Visiting Researcher

List courses taken during the **Fall 2006** academic term.

Title of Course	Credits/Hours

If you are a non-degree student or visiting researcher, or you were not required to take courses during the Spring 2006/Fall 2006 academic semesters, describe your academic activities to date *(attach additional paper if needed):*

_____

_____

_____

Indicate the degree or certificate, if any, that you will obtain upon completion of this program. Provide the date by which all academic work will be completed.

_____ _____

Degree/Certificate Month/Day/Year

ENDORSEMENT OF ACADEMIC ADVISOR

I certify that the information above concerning the academic program is correct and that this student's performance has been satisfactory in all respects. (If unable to certify, please explain, attaching a separate sheet.)

_____ _____

Name Signature

_____ _____ _____ _____

Date Title E-mail Address Phone Number

SECTION 2: ACADEMIC TRAINING PROPOSAL

Proposed Training Position: _____

Site of Academic Training Program: _____

Hours Per Week:_____

Estimated Salary/Stipend/: _____

*If you are not receiving a sufficient salary/stipend to cover expenses please indicate the amount & source of alternate funding:*_____

_____

Inclusive Dates of Training Program: Start: _____/_____/_____ End:_____/_____/_____

Were you granted a leave of absence from your home employer prior to undertaking your Fulbright program? _____

If yes, when does your leave of absence expire? _____

STUDENT SIGNATURE

Sign to confirm that the foregoing information regarding your academic training program is correct and that you intend to return home upon completion of the training program.

_____ _____

Signature of Student Date

All required documentation must be submitted to your IIE Regional Center *no later than four weeks prior to degree/program completion*. IIE **cannot consider** your Academic Training request without the following completed and signed documentation:

1) Request for Academic Training form; (you must complete)
2) Confirmation of Offer of Academic Training form; (training provider must complete)
3) Request for Academic Training Authorization form; (advisor must complete)
4) A Personal Statement; this statement must include a description of the proposed academic training program in relation to the following:
   - Hones skills which prepare you for your home country job market;
   - Directly relates to your field of study;
   - Encourages the Fulbright goal of building human networks around the globe by honoring and contributing to your commitment to develop your field of study at home.

   In addition, confirm your intention to comply with the two-year home residency requirement upon completion of the academic training program;
5) A current transcript;
6) If you are on leave of absence from employment in your home country, you must submit a letter demonstrating that your home employer leave has been extended for the period of extension requested and
7) If you have J-2 Dependents with you here in the United States, please complete the J-2 Dependent Data Sheet.