



## 2008 Educators to Saudi Arabia Program

Institute of International Education  
1400 K St., NW Suite 650  
Washington, DC 20005-2403  
Phone: 1-800-671-0130

This form should be signed by the supervising principal or other person with the authority to grant leave. Signing this form certifies that he/she will allow the applicant to participate in the program, if accepted.

This form must be printed and received at the above address no later than July 7, 2008.

### Applicant's Principal or School Head

Prefix

Last Name

First Name

Official Title

1. I certify that the above named applicant is employed full-time as a social studies teacher or as a library media specialist in grade(s) 1-12.
2. I understand the acceptance of this award will require this applicant's participation from December 9 - 22, 2008.
3. I certify that as this applicant's supervising principal, s/he has my support in participating in the program and implementing his/her Follow-on Plan after returning from the program.

Signature

Date

### Applicant

Prefix

Last Name

First Name

Employment State

Please print and mail this form to:

**Educators to Saudi Arabia Program**  
Institute of International Education  
1400 K St., NW Suite 650  
Washington, DC 20005