

Florida Atlantic University
FULBRIGHT AWARD PREAPPROVAL

Name of Faculty: _____

Department: _____

College: _____

Proposed Country of Interest: _____

Proposed Dates: _____

By checking the box below, I confirm my intent to apply for the Fulbright Award stated above:

☐ Yes, I intend to apply for the Fulbright stated above.

☐ No, I intend to apply for additional Fulbright awards not stated above.

If no, please list additional countries of interest: _____

By signing below, I certify that I have met with my Chair/Director and Dean about my intent to apply for the Fulbright Award(s) listed. I understand terms of salary and benefits to be covered during the leave will be determined when accepted by Fulbright. Amount may vary depending on resources of department and college.

Signature of Faculty and Date: _____

Signature of Chair/Director and Date: _____

Signature of Budget Manager and Date: _____

Signature of Dean and Date: _____

Form submission instructions:

Return this form to globalservices@fau.edu, and attach your Fulbright Award documentation from the Council for International Exchange of Scholars (CIES).