

**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 Adriana Chow-Ellison at [achowell@fau.edu](mailto:achowell@fau.edu), and attach your Fulbright Award documentation from the Council for International Exchange of Scholars (CIES).