

**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 above and have their support and agreement to provide salary and benefits during the time period of the Fulbright award, if granted.

Signature of Faculty and date: \_\_\_\_\_

Signature of Chair/Director and date: \_\_\_\_\_

Signature of Budget Manager and date: \_\_\_\_\_

Signature of Dean and date: \_\_\_\_\_