

FULBRIGHT AWARD MEMORANDUM OF UNDERSTANDING

Name of Faculty: _____

Department: _____

College: _____

Country of Fulbright Award: _____

Dates: _____

Amount of Stipend: _____

Attach Fulbright Award documentation from the Council for International Exchange of Scholars (CIES)

By signing below, I agree to return to the University for at least (1) academic year following my participation in the program. **If I fail to return to the University for one academic year following my participation in the program, I agree that I will repay to the University, within sixty (60) days, the salary and benefits received from the University during the program in excess of the amount of the Fulbright award transferred to the University. I agree that any failure to repay may be referred by the University collections and I shall be assess reasonable collection fees, including without limitation collection agency fees, court costs and attorney's fees.** I understand that any possible tax implications of this arrangement are my responsibility to investigate and understand.

Signature of Faculty and date: _____

Signature of Chair/Director and date: _____

Signature of Dean and date: _____

Signature of Vice Provost and date: _____