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<http://www.cies.org/program/fulbright-specialist-program>

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| (\*) Indicates the question is required. |
| **1. Host Institution: Name of Institution \*** |
| The host institution must be a degree-granting, post-secondary academic institution, comparable to a U.S. college or university in order to promote an important program goal of fostering linkages between U.S. and non-U.S. academic institutions of higher education. Additionally, institutions that provide an educational focus to their programming will also be considered. Such hosts may include Government-related Institutions, Cultural institutions, Medical institutions and Research organizations/Think tanks. |
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| **2. Host Institution: Institution Type \*** |
| Higher Education Institutions (tertiary, degree-awarding)   * Two-year community colleges/junior colleges - award associate degrees at the completion of two years of full-time study. * Four-year colleges - award bachelor’s degrees upon completion of four years of full-time study. Focus on undergraduate education rather than research. * Liberal arts colleges - most are private institutions and focus on undergraduate studies in the humanities, social sciences and sciences. * Universities - generally offer a broad range of both undergraduate and graduate degree programs and emphasize research.   Government-related Institutions   * Legislative branch – parliament, congress * Executive branch - ministries, agencies, administrations, offices, institutes, councils, committees and others * Judiciary - law courts   Cultural institutions   * Independent libraries, museums, theatres   Medical institutions   * University affiliated hospitals and institutes (Public/Global Health only)   Research organizations/Think tanks   * Governmental/non-governmental (policy oriented) research institutes |
| **3. Host Institution: Department/Faculty/Institute \*** |
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| **4. Host Institution: Street Address 1 \*** |
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| **5. Host Institution: Street Address 2** |
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| **6. Host Institution: Street Address 3** |
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| **7. Host Institution: Country \*** |
| Japan |
| **8. Host Institution: Prefecture** |
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| **9. Host Institution: City  \*** |
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| **10. Host Institution: Postal Code** |
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| **11. Host Institution: Telephone \*** |
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| **12. Host Institution: Fax** |
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| **13. Host Institution: Email \*** |
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| **14. Host Institution: Website** |
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| **15. Host Institution Contact: Family Name/Last Name \*** |
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| **16. Host Institution Contact: First Name** |
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| **17. Host Institution Contact: Title \*** |
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| **Part II. Project Description** |
| Instructions: |
| The recruitment effort for your project request can be most effective if:  1. Careful attention is given to the Project Description, Project Purpose, Project Impact and Project Potential to ensure adequate detail in describing the scope of work.  2. Adequate lead-time is given for recruitment of specialists who best fit the program request. Please allow a minimum lead-time (before the requested start date) of 2 months (for candidates already on the roster)   3. Flexibility in the time frame of the proposed project is allowed in order to accommodate the various schedules of potential Fulbright Specialists candidates.  See a selection of Fulbright Specialist stories about past grants on the CIES Web site at  <http://www.cies.org/fulbright-specialist-scholar-stories> |
| 1. Discipline Requested **\*** |
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| 2. Specialization Desired for this project **\*** For more information, please refer to the  <http://www.cies.org/programs-us-scholars-specialist-apply-join-specialist-roster/eligible-disciplines-and> |
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| 3. **Other Fields of Interest (if this is an interdisciplinary request) 200 characters** |
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| 4. Type(s) of Activity Requested **\*** Research is not funded via the Fulbright Specialist Program. Choose as many as are applicable. |
| □ Presenting lectures at graduate and undergraduate levels.  □ Participating in or leading seminars or workshops at overseas academic institutions.  □ Conducting needs assessments, surveys, institutional or programmatic research.  □ Taking part in specialized academic programs.  □ Consulting with administrators and/or instructors of post-secondary institutions on faculty development.  □ Developing academic curricula or educational materials.  □ Assessing academic curricula or educational materials.  □ Conducting teacher-training programs at the tertiary level. |

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| 5. Project description **\* (2,500 characters including spaces)** Please be very specific as to the type and scope of work in which the specialist would engage.  The type and scope of work that the specialist would engage in should include what specific activities the specialist would be doing, the extent and level of the activities, and who the activities would benefit. |
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| 6. Project purpose **\* (2,500 characters including spaces)** Describe the program objectives and provide background on the issues and institutions involved.  The project objectives and background on the issues and the institutions involved should include what the goals of the project are and why the project is necessary and important. |
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| 7. Project Impact on Host Institution **\*** (2,500 characters including spaces) Please comment on the project's potential impact on the host institution.  The program aims to support projects that will have a broad and lasting impact on the host institution i.e., curriculum development versus delivering a single lecture.  The potential impact on the host institution should include anticipated project outcomes such as an increased expertise at the host institution that had been unavailable or of a lesser quality, a new source of continued expertise for the host institution via the specialist, stimulation of networking among local institutions on a significant topic or issue, an upgraded curriculum, increased strategic thinking and planning at the institution, etc. |
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| 8. Project Potential for Institutional Linkages **\* (2,500 characters including spaces)** Please describe project's potential for developing linkages between the host institution and the grantee's home institution.  The program aims to support projects that will have the potential for institutional linkages such as plans to expand and build on the initial project; new projects between the institutions; related endeavors such as the mutual exchange of students and faculty; future collaboration on curriculum, publications, etc., between these and/or other faculty at these institutions, etc. |
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| **Part III. Project Guidelines** |
| Instructions: |
| The basic project guidelines are as follows:  One country per project: A Fulbright Specialist project is restricted to one country. All project activities must take place in the country requesting the project.  Length of project: The length of a Fulbright Specialist project must be for a minimum of 14 days and a maximum of 42 days　(2 ~ 6 weeks), including travel days and weekends.   * A request for a return visit by the same specialist must be strongly justified because a key program goal is to achieve the greatest participation by U.S. scholars and professionals in the program, not to give multiple grants to the same individuals. Subsequent visits must build on the initial project, not repeat the same work, i.e. teach the same course. |
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| 1. Preferred Arrival Date **\*** Please enter the preferred arrival date using the format mm/dd/yyyy. |
| mm/dd/yyyy |
| 2. Length of Visit **\***  Please enter the number of days, including travel days, required for the visit. It must be between 14-42 days, including weekends, holidays and travel days. |
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| 3. Flexibility of Time Frame (1,000 characters)  Providing flexibility in the time frame of the requested project may result in a broader pool of candidates from which to choose. Please describe the extent, in days or months, of the host institution's flexibility. |
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| **Part IV. Qualification Preferred** |
| Instructions: |
| Please indicate the preferred qualifications of the specialist you are seeking. |
| 1. Basic Profile **\*** |
| Academic/Professional/Either (choose one): |
| 2. Degree |
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| 3. **Years of University Teaching Experience \*** |
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| 4. Academic Rank |
| Adjunct Professor/Assistant Professor/Associate Professor/Dean/Professor/Professor Emeritus/University Professor (choose one): |
| 5. Language Requirements |
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| 6. Audience **\* (1,000 characters)** One way of determining the level of grantee expertise needed for a program is to know with whom he/she will be working e.g. undergraduate students, faculty, etc. Please describe. |
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| **Part V. Requesting a Specific Candidate** |
| Instructions: |
| FSB policy allows Commissions and Embassies to include in a program proposal or in a special submission the name of candidate in whom an institution is particularly interested.  Foreign institutions may invite such candidate to apply with the understanding that the invitation does not constitute a commitment or a preference in final consideration. The discipline peer review committee and FSB must approve candidates before they are eligible for projects within the Fulbright Specialists Program.  **Note**: The requested individual must be a U.S. citizen to apply and reside in the United States at the time the grant is approved. |
| 1. Please specify whether this will be a Named Request (a specific individual). **\*** |
| YES |
| 2. Candidate of Interest from the Roster  If you have looked at the Fulbright Specialist Roster and have found one specialist whom you wish to request for this project, **please enter the scholar ID and name below** (the Scholar ID for an existing roster candidate can be determined from the roster search page).  <https://fsp.iieweb.net/AdminLogin.aspx> |
| Scholar ID:  Name: |
| 3. **Provide justification for requesting candidate. \* (1,000 characters)** |
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| **4. Has the Host Institution had prior contact with the requested candidate about this program? \*** |
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| **5. If yes, please advise of the result of this contact. \* (1,000 characters)** |
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| **6. Did the Host Institution make the initial contact with the requested candidate? \*** |
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| **7. Not including this Specialist request, has the requested candidate worked with the Post / Commission or Host Institution on previous projects? \*** |
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| 8.  **Which party initiated the project idea? (Host institution/Scholar/Both) \*** |
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| 9. **If the scholar is on the FSP Roster, did she/he apply to the Specialist Program specifically for this project? (Yes/No/Unknown)\*** |
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| **Part VI. Cost Share Commitment** |
| Instructions: |
| Costs for the Fulbright Specialists Program will be shared by Office of Academic Exchange Programs (ECA/A/E) and the host institution. ECA/A/E will pay for international travel and a daily honorarium to the Fulbright Specialist.   For a Fulbright Specialists Program grant to be approved, the host academic institutions are expected to cover the specialist's lodging, all meals and in-country travel.   Please provide a U.S. dollar value assessment of the total in-country cost share proved by host institution. |
| 1. Contact for all Cost Share Arrangements **\*** |
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| 2. Contact: Title **\*** |
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| 3. Contact: Telephone **\*** |
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| 4. Contact: Email Address **\*** |
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| 5. Lodging Arrangement **\* (4,000 characters)** Describe the lodging arrangements that have been made for the specialist. (Lodging for the duration of the stay should be arranged ahead of arrival.)\* If in-kind coverage of cost share, please describe. If monies will be paid directly to the grantee, please indicate the amount. |
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| 6. Estimated U.S. Dollar Amount for Lodging **\*** |
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| 7. Lodging Availability: Enter start date using format mm/dd/yyyy. **\*** |
| mm/dd/yyyy |
| 8. Lodging Availability: Enter end date using format mm/dd/yyyy. **\*** |
| mm/dd/yyyy |
| 9. **Who agrees to fund this portion of the cost share?** |
| Host Institution |
| 10. In-Country Travel Arrangements **\* (4,000 characters)** If in-kind coverage of cost share, please describe. If monies will be paid directly to the grantee, please indicate the amount. |
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| 11. Estimated U.S. Dollar Amount of In-Country Travel **\*** |
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| 12. **Who agrees to fund this portion of the cost share?** |
| Host Institution |
| 13. Meal Arrangements **\* (4,000 characters)** If in-kind coverage of cost share, please describe. If monies will be paid directly to the grantee, please indicate the amount. |
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| 14. Estimated U.S. Dollar Amount for Meals **\*** |
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| 15. **Who agrees to fund this portion of the cost share?** |
| Host Institution |
| 16. Arrival Arrangements **\* (4,000 characters)** Describe arrangements for the specialist’s arrival and pickup from the airport. Please include the name of the person meeting the specialist. |
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| 17. **Please provide any special notes or instructions to the specialist regarding in-country details that would be helpful in preparing for his / her arrival. (4,000 characters)** |
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