

# FY2026 Fulbright Specialist Program- Host Institution Project Proposal -

- ・ <第一期>2026年7月1日～2026年12月31日の招へい
- ・ オンライン申請フォーム提出締切：2026年1月31日（土）
- ・ <第二期>2027年1月1日～2027年6月30日の招へい
- ・ オンライン申請フォーム提出締切：2026年7月31日（金）

\* 必須の質問です

## About the Program

The Fulbright Specialist Program (FSP), part of the larger Fulbright Program, was established in 2001 by the U.S. Department of State, Bureau of Educational and Cultural Affairs (ECA). The program is a field-driven initiative in which foreign host institutions conceptualize and design projects of interest within an eligible discipline that represent a priority for their respective organizations. These projects are then paired with a highly qualified U.S. academic or professional, who shares their expertise and assists with strengthening linkages between U.S. and foreign host institutions. Participating foreign host institutions benefit by:

- Gaining global perspectives from experienced U.S. academics and professionals;
- Executing projects that require a rapid response or flexible timeline through short-term, year-round exchanges; and
- Building sustained relationships with individuals and institutions in the U.S.

## Instructions for Completing the Project Proposal

The application is divided into several different sections. You must complete all sections and required fields before submitting your application. Required fields are indicated by an asterisk (\*). Please adhere to all character or word limits that are detailed below for specific questions.

### Questions?

Please contact 日米教育委員会 フルブライト交流部 <program@fulbright.jp> for country-specific requirements and deadlines to ensure that you understand the full application process for your country.

## Project Contacts

1。 Name of Host Institution \*

2。 受け入れ大学名（日本語） \*

3。 Host Institution Address (Street, City, State/Province, Postal Code) \*

4。 Host Institution Primary Contact Name \*

5。 受け入れ担当者名（日本語） \*

6。 Host Institution Primary Contact Email \*

※所属機関のメールアドレス以外（フリーメール等）からの申請は受け付けられません。

7。 Host Institution Phone Number \*

8。 Host Institution Secondary Contact Name

9。 受け入れ副担当者名（日本語）


10。 Host Institution Secondary Contact Email

11。 Host Institution Secondary Phone Number

Project Details

12。 Title of Project <sup>\*</sup>  
(Limit of 60 characters)

13。 What Academic Field/Employment Sector is the focus of this project?

<sup>\*</sup>  Dropdown

1 つだけマークしてください。

- ☐ Agriculture
- ☐ American (U.S.) Studies
- ☐ Anthropology
- ☐ Archaeology
- ☐ Biology Education
- ☐ Business Administration
- ☐ Chemistry Education
- ☐ Communication and Journalism
- ☐ Computer Science and Information Technology
- ☐ Economics
- ☐ Education
- ☐ Engineering Education
- ☐ Environmental Science
- ☐ Law
- ☐ Library Science
- ☐ Math Education
- ☐ Peace and Conflict Resolution Studies
- ☐ Physics Education
- ☐ Political Science
- ☐ Public/Global Health
- ☐ Public Administration
- ☐ Sociology
- ☐ Urban Planning
- ☐ Social Work

14。 **What specializations within your Academic Field/Employment Sector best match the focus of your project? (Please select up to five specializations)** \*

Please refer to the list of eligible Specializations within each Academic Field/Employment Sector at the end of this document.

<[https://www.fulbright.jp/forms/jp/forms/FSP\\_Specializations.pdf](https://www.fulbright.jp/forms/jp/forms/FSP_Specializations.pdf)>のリストから該当するものを選んでください。前の設問で選択したAcademic Fieldの中から選択してください。

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15。 **Within what department of your institution will the project take place? (e.g. Program Development, Human Resources, etc.)** \*

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16。 **What is the issue or challenge that you are trying to address with assistance from a Fulbright Specialist?** \*

(Limit of 500 words/3,500 characters)

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17。 **What are the primary objectives that you aim to achieve with the Fulbright Specialist? #1** \*

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18。 **What are the primary objectives that you aim to achieve with the Fulbright Specialist? #2 \*optional**

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19。 **What are the primary objectives that you aim to achieve with the Fulbright Specialist? #3 \*optional**

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20。 **Please provide a brief description of the proposed project activities, including a list of specific tasks that the Fulbright Specialist would carry out during his/her time with your institution. Please also include the type of individuals or audience that the Specialist would be working with (e.g. faculty/professionals, students, government officials, etc.).** \*

(Limit of 1,000 Words/7,000 characters)

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- 21。 **Please describe any public engagement activities beyond the primary project activities that you are planning, or would be interested in exploring, to extend the project's impact to broader audiences. Examples of such activities could include but are not limited to community lectures, cultural events, public presentations, or outreach activities to local schools or other relevant organizations.**

Note: Throughout 2025 and 2026, institutions are encouraged to consider public engagement activities celebrating America's 250th anniversary (i.e. America250). Examples could include collaborating with the Specialist to deliver a guest lecture on American contributions to the project field or outreach highlighting aspects of American history or culture.

(Limit of 500 words/3,500 characters)

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- 22。 **How does this project align with your institution's priorities and what do you believe will be the project's overall impact on your institution? In addition, how will the project promote continued linkages between your institution and the Fulbright Specialist and his/her host institution following the return of the Fulbright Specialist to the U.S.?** \*

(Limit of 500 words/3,500 characters)

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### Location

Please list the location(s) where the Fulbright Specialist would conduct their work (e.g. the primary location of your institution, multiple sites around the country, etc.). Please be specific and include the exact addresses where the majority of work will occur. With the exception of projects falling under a trilateral grant initiative, Fulbright Specialist projects are restricted to one country. All project activities must take place in the country requesting the project. If the project will take place in multiple locations, please provide the requested information for each location.

- 23。 **Location 1: Name** \*

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- 24。 **Location 1: Address** (Street, City, State/Province, Country, Postal Code) \*

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- 25。 **Location 2: Name**

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- 26。 **Location 2: Address** (Street, City, State/Province, Country, Postal Code)

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### Timeline

In general, all projects designed by host institutions must adhere to the below eligibility requirements.

Length of project: The length of a Fulbright Specialist project must be a minimum of 14 days and a maximum of 42 days, including travel days, weekends, and holidays.

※複数回の来日が可能となるMulti-Visit projectは受け付けません。

- 27。 **Desired Start Date for a Fulbright Specialist** \*

例: 2019 年 1 月 7 日

- 28。 **Desired End Date for a Fulbright Specialist** \*

例: 2019 年 1 月 7 日

- 29。 **Is there flexibility in the timing of the project outside of the dates that you selected above?** \*

1 つだけマークしてください。

☐ Yes

☐ No

30。 **Please describe why or why not? \***

Please note that preference may be given to projects that have flexibility due to needing adequate time for administrative processing of project proposals. In addition, if your project has greater flexibility with timing, you may have more Specialist candidates to select from as they may require flexibility due to their other professional obligations.

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#### Logistical Arrangements for Fulbright Specialist and Cost Share

In general, host institutions should be prepared to provide the Specialist with lodging, meals, and in-country transportation, either through monetary or in-kind contributions, throughout their full stay in country.

※受け入れ機関の負担になります。受け入れ機関に代わってスペシャリスト本人または日米教育委員会が負担することはできません。

31。 **Primary Point of Contact Name for All Accommodations for the Fulbright Specialist \***

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32。 **Primary Point of Contact Phone Number \***

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33。 **Primary Point of Contact Email \***

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34。 **If the Primary Point of Contact for all cost share is different than the above individual, please provide that the following information (a~c).**

**a. Primary Point of Contact Name for All Cost Share**

**b. Primary Point of Contact Phone Number**

**c. Primary Point of Contact Email**

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#### Lodging

※分かる範囲でご記入ください。

35。 **Please describe the type of lodging that you would arrange for the Fulbright Specialist. \***

Please note that all lodging accommodations must be made in advance of the Specialist's travel. If the Specialist will be paid directly for the lodging expenses (i.e. costs of the lodging will not be paid directly to the vendor on their behalf), please indicate the amount to be paid to the Specialist per day for lodging.

Please note that the Specialist must receive all lodging funds prior to incurring any costs as it is not permissible to require the Specialist to pay expenses in advance and then seek reimbursement.

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36。 **Lodging Name \***

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37。 Lodging Type \*

1 つだけマークしてください。

☐ Hotel

☐ Apartment

☐ Guest House

☐ On Campus Housing

☐ Homestay

☐ その他: \_\_\_\_\_

38。 Lodging Website \*

\_\_\_\_\_

39。 Lodging Address (Street, City, State/Province, Country, Postal Code) \*

\_\_\_\_\_

40。 Start Date that the Lodging is available \*

Please indicate the start date that the above lodging is available.

例: 2019 年 1 月 7 日

41。 End Date that the Lodging is available \*

Please indicate the end date that the above lodging is available.

例: 2019 年 1 月 7 日

42。 If the lodging is not available for the full duration of the Specialist's stay, please describe the alternative lodging that you intend to arrange.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

43。 What is the estimated cost of the lodging in U.S. dollars? \*

If expenses will be covered in-kind, please provide estimates for accounting purposes.  
一日あたりの費用と、滞在中の合計額を記入してください。

\_\_\_\_\_

44。 Is your institution able to fund the cost of the lodging? \*

受け入れ機関の負担になります。受け入れ機関に代わってスペシャリスト本人または日米教育委員会が負担することはできません。

1 つだけマークしてください。

☐ Yes

In-Country Transportation

45。 Please describe the in-country transportation arrangements for the Fulbright Specialist. \*

The arrangements should include transit to and from the Specialist's lodging and project site, as well as other local daily travel (e.g. restaurants, markets, grocery stores, pharmacy, etc.). If the Specialist will be paid directly for the transportation expenses, please indicate the amount to be paid.

Please note that the Specialist must receive the transportation funds prior to incurring any costs as it is not permissible to require the Specialist to pay expenses in advance and then seek reimbursement.

※分かる範囲でご記入ください。

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

46。 **What is the estimated cost of the in-country transportation in U.S. dollars? \***

If expenses will be covered in-kind, please provide estimates for accounting purposes.  
一日あたりの費用と、滞在中の合計額を記入してください。

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47。 **Is your institution able to fund the cost of the in-country transportation? \***

受け入れ機関の負担になります。受け入れ機関に代わってスペシャリスト本人または日米教育委員会が負担することはできません。

1 つだけマークしてください。

☐ Yes

### Meals

48。 **Please describe the meal arrangements (three meals per day) for the Fulbright Specialist (e.g. cafeteria, restaurants, etc.). \***

If the Specialist will be paid directly for the meals, please indicate the amount to be paid.  
Please note that the Specialist must receive the meal funds prior to incurring any costs as it is not permissible to require the Specialist to pay expenses in advance and then seek reimbursement.

※分かる範囲でご記入ください。

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49。 **What is the estimated cost of the meals in U.S. dollars? \***

If expenses will be covered in-kind, please provide estimates for accounting purposes.  
※一日あたりの費用と、滞在中の合計額を記入してください。

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50。 **Is your institution able to fund the cost of the meals? \***

受け入れ機関の負担になります。受け入れ機関に代わってスペシャリスト本人または日米教育委員会が負担することはできません。

1 つだけマークしてください。

☐ Yes

### Airport Pick-Up and Drop-Off

51。 **What airport in your country do you recommend that the Fulbright Specialist travel to and from? \***

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52。 **Please describe the arrangements for the Specialist's arrival and pick-up from the airport, including the name of the person that would greet the Specialist. In addition, please provide any special notes or instructions that would assist the Specialist in preparing for his or her arrival. \***

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### Specialist

53。 **Will any project activities require that the Fulbright Specialist be proficient in a language other than English? \***

1 つだけマークしてください。

☐ Yes

☐ No

54。 If yes, please indicate the required language and level of proficiency.

1 行につき 1 つだけマークしてください。

	0- No Practical Proficiency	1- Elementary Proficiency	2- Limited Working Proficiency	3- Minimum Professional Proficiency	4- Full Professional Proficiency	5- Native or Bilingual Proficiency
Reading Level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing Level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking Level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55。 What qualifications, professional experience or specific skills would be helpful for <sup>\*</sup>  
a Fulbright Specialist to have in order to successfully implement the proposed  
project?

Please be as specific as possible to support the identification of appropriate Specialists.  
(Limit of 500 words/3,500 characters )

56。 Have you pre-identified an individual you propose to serve as the Fulbright <sup>\*</sup>  
Specialist for your project?

招へいする人物を指定したNamed Projectのみ受け付けます。

1 つだけマークしてください。

☐ Yes

57。 Specialist First Name <sup>\*</sup>

58。 Specialist Last Name <sup>\*</sup>

59。 Specialist Name of Institution <sup>\*</sup>

60。 Specialist Position Title <sup>\*</sup>

(Limit of 80 Characters)

61。 Specialist Email Address <sup>\*</sup>

62。 Specialist Phone Number <sup>\*</sup>

63。 Is this individual already on the Fulbright Specialist Roster?

＜重要＞受け入れ大学申請締め切り日までに、Fulbright Specialist Rosterへの登録が確認出  
来ない場合は、申請を受け付けることができません。

1 つだけマークしてください。

☐ Yes

☐ No

☐ I don't know



64。 How did you identify this individual?

1 つだけマークしてください。

- ☐ The proposed Specialist contacted your Institution
- ☐ U.S. Embassy/ Consulate
- ☐ Fulbright Commission
- ☐ Previous professional experience with the individual
- ☐ Recommendation from colleague, friend or family
- ☐ その他: \_\_\_\_\_

65。 Please describe \*

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66。 When did you identify this individual? Please describe. \*

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67。 Has your organization previously engaged with this individual? \*

1 つだけマークしてください。

- ☐ Yes
- ☐ No

68。 If yes, in what capacity?

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69。 Why do you believe that this individual is qualified and well suited to serve as a Fulbright Specialist with your project? \*

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#### Survey

70。 How did you learn about the Fulbright Specialist Program? \*

1 つだけマークしてください。

- ☐ Fulbright Specialist Program Website
- ☐ U.S. Embassy/Consulate
- ☐ Fulbright Commission
- ☐ Colleague, Friend, or Family
- ☐ Conference
- ☐ An institution that previously hosted a Fulbright Specialist
- ☐ その他: \_\_\_\_\_

71。 前の設問の回答で当てはまるものがありましたら、選択してください。

当てはまるものをすべて選択してください。

- ☐ フルブライトスペシャリスト受け入れ大学募集のチラシ
- ☐ 日米教育委員会（フルブライト・ジャパン）ウェブサイト
- ☐ 日米教育委員会のSNS
- ☐ フルブライト同窓生
- ☐ 文部科学省
- ☐ 米国World Learningウェブサイト
- ☐ インターネット検索

72。 **Institution Type \***

1 つだけマークしてください。

- ☐ Institution of Higher Education
- ☐ Government Institution
- ☐ Cultural Insitution
- ☐ Non-Gorvernmental Institution
- ☐ Medical Institution
- ☐ その他: \_\_\_\_\_

**Submit**

73。 **Certification of Authenticity: By checking this box, I certify that all of the information provided in this application is accurate and complete, and all responses, including essays, represent my own work and not that of any other individual or source.** \*

1 つだけマークしてください。

- ☐ Confirmed