

# Fulbright Teacher Exchange Program International Application and Instructions

Applicants are strongly encouraged to speak with the Fulbright representative in their home country before applying to the program. Contact information for countries that are currently participating in the Fulbright Teacher Exchange Program are available at our website: ([http://www.fulbrightexchanges.org/base/Overseas\\_Main.asp](http://www.fulbrightexchanges.org/base/Overseas_Main.asp)). Be sure that you meet eligibility requirements for the program as well as the specific requirements. The application forms may be photocopied for interested colleagues, and applications may be submitted on photocopied forms. However, applications must bear original signatures.

In addition to this application, your home country may have additional application requirements. Please confirm with the Fulbright representative in your home country that you have submitted all application materials completely and properly.

Those applying for teaching and administrative exchanges should complete pages Aii - A7 of the application and sign the terms of agreement on page A7. **All forms and recommendations on the checklist plus any additional application requirements requested by your home country must be submitted by the application deadline set by the Fulbright representative in your home country.**

## Mailing Address

Applications, references, related documentation, and all future communication should be sent to the Fulbright Commission and or cooperating agency in your country. See our website ([http://www.fulbrightexchanges.org/base/overseas\\_link.asp](http://www.fulbrightexchanges.org/base/overseas_link.asp)) for country specific contact information.

## Special Instructions: J. William Fulbright Foreign Scholarship Form

This page, Aii, follows the Application Checklist page. It must be completed and returned along with your application. In section L, you should provide a brief description of what you expect to gain professionally and personally from participation in the Program. This form **MUST** be typed.

### Application (pp. A1 to A7)

While typing is preferred, application forms may be completed in black or blue ink. If additional space is needed, enter information in Item XIV, "Remarks," or use additional sheets. Place your name and date of birth at the top of each additional sheet, and identify the item number to which the answer applies. Fill out the application forms completely; use additional sheets for continuation purposes only.

**Do not send your résumé or simply say "see attached."**

Sign page A7 and forward the original of pages Aii and A1 through A7 (*and any additional sheets*), along with the original of the essay to the Fulbright Commission or cooperating agency in your country.

### II. "Applicant For..." (p. A1)

Before choosing a length of exchange (*year, semester, six-week, other*), please check with the Fulbright Commission or cooperating agency in your home country to verify what options are available for you.

If you answer "Yes" to Question D you will be considered for a one-way assignment should a suitable assignment become available. One-way assignments are very rare and up to five per year across all participating countries may be available depending on funding and interest by a particular country.

### III. "Modern Foreign Language Fluency" (p. A1)

Indicate your proficiency in English first, then any languages that you speak. You will be screened for your proficiency in English.

### IV. "Education and Professional Preparation Above Secondary School" (p. A2)

List only college/university level institutions in chronological order. All applicants must have a Bachelor's degree or equivalent to be eligible for the program. If you have an equivalent degree it is helpful to provide further explanation and attach proof of equivalency.

### V. "Present Employment" (p. A2)

The approving administrative official listed under Question E must be the same as the person completing the "Administrative Approval for Applicant" form (Page A8).

### VI. "Daily Schedule for Current Year" (p. A2)

To enable accurate matching, teachers are asked to describe fully their current teaching assignments. Please write this directly on the application, using an additional sheet for continuation purposes only.

### **VII. "Previous Experience/Employment" (p. A3)**

All applicants must have at least three years of full-time teaching and/or administrative experience.

### **X. "School or College Information" (p. A5)**

Information on the schools of applicants is critical to finding suitable matches. This section should be filled out thoughtfully and completely. Use additional sheets if necessary.

### **XI. "Accommodations" (p. A5)**

Please answer all questions if you wish to exchange housing. Note: Housing is a private matter between grantees in which the United States Department of State will not become involved. For direct exchanges, teachers are expected to locate suitable housing for their partner and vice-versa before going on exchange. Fulbright recommends the following options when making housing determinations: 1) finding housing on your own in the open market with suggestions from your exchange partner; 2) asking your exchange partner to locate local, in-country rental options that might meet your needs; 3) exchanging housing with your partner. The Fulbright program reserves the right to request termination of an exchange should housing issues significantly affect how the professional exchange is conducted. Any problems arising from a housing situation into which an individual grantee has entered are the sole responsibility of the grantee and not of the Fulbright program.

### **Application (pp. A8 to A14)**

Pages A8 to A14 are approval and reference forms. The applicant should complete Item 1 on each form and then give them to the appropriate colleagues or officials. All four of these forms must be submitted with your application. These forms must be filled out completely, and not simply signed. Include them in your application package in sealed envelopes signed across the back of the envelope flap. If your school district requires the Administrative Approval form to be sent under separate cover, indicate this on the "Application Checklist."

### **"Administrative Approval for Applicant" (p. A8)**

The official who completes and signs the "Administrative Approval for Applicant" form must be the official authorized to approve participation in the exchange, grant a leave of absence, and approve the appropriate salary arrangements. ***(For year and semester programs, the "with salary" box must be checked, or the application will not be considered. For short term programs occurring during the school year, we recommend that approval be given "with salary." If the "with salary" box is not checked, the applicant must explain on a separate sheet how she or he will fund participation. For summer seminars "without salary" is appropriate. For one-way assignments, either selection is appropriate)*** Within public school systems, administrative approval must come from the district level or equivalent level in your country (e.g. usually the superintendent). Please discuss with your Fulbright commission who the appropriate signer should be.

### **Reference Forms (pp. A10, A12 and A14)**

The references should be completed and signed by individuals familiar with the applicant's professional work. One of these forms (the "Immediate Supervisor Reference for Applicant") must be completed by the applicant's immediate supervisor or the person responsible for the applicant's formal evaluation. The Supervisor must also provide a general description of the school on the reverse of this form. Persons writing references should place the reference form in a sealed envelope signed across the back and clearly marked "Reference for (applicant's name)." *Sealed and signed references must be included in your application package.* Applicants should not include performance evaluations with their applications. Other commendations and awards may be listed in Item VII, Question D, on Page A3.

In general, we prefer that the entire application packet (*including application, essay, references*) be submitted to our office in one complete packet when possible.

### **Miscellaneous**

Applicants must inform the Fulbright Teacher Exchange Program in your country in writing of:

- a change of address or phone number;
- a change of plans affecting the application;
- a desire to withdraw the application;
- an application to teach or study abroad under another program;
- a termination of teaching contract;
- a change in assignment or school administration.



**TEACHER EXCHANGE PROGRAM  
INTERNATIONAL APPLICATION**

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**APPLICATION SECTION**

**2009-2010**

## Application Checklist

Please complete this checklist and enclose it with your application package. Please do not staple any of your application pages (*paper clips may be used*). Mail all application materials to the address listed on the Fulbright Teacher Exchange Program web-site ([www.fulbrightexchanges.org](http://www.fulbrightexchanges.org)) for the Fulbright Commission or Post in your home country.

1. Does your package include:
  - a. 1 Fulbright Foreign Scholarship Board (FSB) form?  Yes  No  
**(The form must be typed.)**
  - b. 1 original of the application?  Yes  No
  - c. 1 original of the essay?  Yes  No
  - d. 1 "Administrative Approval for Applicant" form?  Yes  No
  - e. 1 "Immediate Supervisor Reference for Applicant" form?  Yes  No
  - f. 2 additional references?  Yes  No
  
2. Are any of the above documents being sent under in a separate envelope?  
If so, which ones?  Yes  No
  
3. Is your Administrative Approval completed by the school official authorized to grant the required salary and leave arrangements?  Yes  No
  
4. Make sure you are eligible for all the positions you listed in Section II of your application:
  - a. Do you have sufficient English fluency?  Yes  No
  - b. Are you currently employed at the specified teaching level?  Yes  No
  - c. Are you currently employed in the specified subject field?  Yes  No

\*All references forms submitted must include original signatures. The reference forms may be included with your application package or mailed under separate cover. References mailed under separate cover should be submitted by your country's application deadline.

**PAPERWORK REDUCTION ACT:** Public reporting burden for this collection of information is estimated to average two (2) hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is being collected to evaluate a candidate's eligibility and suitability to be matched with a foreign counterpart for the Fulbright Teacher Exchange Program. Responses are voluntary; however, insufficient applicant data could disable successful matching. A federal agency may not conduct or sponsor, and the respondent is not required to respond to, a collection of information unless it displays a valid OMB control number. Send documents regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to A/ISS/DIR, U.S. Department of State, Washington, DC 20520.

### PRIVACY ACT STATEMENT

**AUTHORITIES:** The information is sought pursuant to Section 102 of the Mutual Educational and Cultural Exchange Act of 1961, as amended (*the Fulbright-Hays Act*) (22 U.S.C. 2452).

**PURPOSE:** The information solicited on this form is necessary to evaluate a candidate's eligibility and suitability for participation in the Fulbright Teacher Exchange Program, for general statistical use within the Department of State, and to direct program outreach strategies in subsequent program cycles. Failure to provide the information requested on this form may result in non-selection.

**ROUTINE USES:** The information may be shared with overseas counterpart agencies of the Bureau of Educational and Cultural Affairs or field personnel in selected countries to ensure matching with a foreign counterpart, and with local school authorities for their concurrence on the exchange. The information provided may also be released to federal, state, local, or foreign government entities for law enforcement purposes.



\*OMB Approved No. 1405-0114  
 Expiration Date: xx/xx/xxxx  
 Estimated Burden: 2 Hours

## J. William Fulbright Foreign Scholarship Board

Fulbright Teacher Exchange Candidate  
 2009-2010

A. Name:			
	Last	First	Middle Initial
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss			
B. U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		C. Home Telephone (area code, number)	
If no, state country of citizenship		Country of residence	
D. Complete Home Mailing Address (include number, street, city, zip code):			
E. Date of Birth (mm-dd-yyyy):		F. Indicate year and country of any previous Fulbright grants (if none, write "none"):	
Place of Birth (city, state, country):			
G. Current Occupation: Name and address of employer		Job Title	Employed Since (mm-yyyy)
H. Current Subject(s) and level(s):			
I. First Country Choice:			
J. Education:			
Name of institution, university, or professional school and location		Major field of study	Name of degree and date (mm-yyyy) received
K. Name your most significant publications/honors/awards/project or other accomplishments:			
L. Provide a synopsis in approximately 50 words of your personal goals as related to this exchange program. The explanation of your goals will be reviewed by the Fulbright Scholarship Board. (Please use only this space. Additional pages will not be accepted):			

**FOR FSB USE ONLY:**     Approve     Disapprove     Abstain

FSB Name \_\_\_\_\_

Signature \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_



### APPLICATION FOR TEACHING AND ADMINISTRATOR EXCHANGES TO THE UNITED STATES

Please read all instructions before completing this form. Please type or print clearly in black ink. This form may be copied.

ID#:09

<b>I. APPLICANT BASIC DATA</b>	
A. Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Name (Last, First, Middle):  F. Of what country are you a citizen?  G. Military service completed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
B. Complete Home Mailing Address <i>(include number, street, city, state, province, country, and postal code):</i>	H. Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please describe:
C. Home Telephone (country code, number):  Home Fax (country code, number):  Home E-Mail:  Cell Phone (country code, number):	I. Native Language(s):
D. Date of Birth (mm-dd-yyyy):	
E. Have you ever applied to the program before? If so, list all program years for which you applied and were/were not accepted <i>(e.g., 1989-90, 1998-99):</i>	

<b>II. APPLICATION FOR DIRECT EXCHANGES (individual exchanges involving matched teaching and administrative assignments)</b>	
You may check more than one box. <i>(not all types of programs may be offered by your country)</i> <input type="checkbox"/> year-long exchange <input type="checkbox"/> semester exchange <input type="checkbox"/> six week exchange <input type="checkbox"/> other	
A. TEACHING POSITION: <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. DIRECT ADMINISTRATOR EXCHANGE: <input type="checkbox"/> Yes <input type="checkbox"/> No	C. OTHER PROGRAM:
D. Would you consider a one-way assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Is your spouse applying for a position abroad through this program? <i>(not permitted for administrator exchanges)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. If so, will you accept a position if no position is offered to your spouse? <i>(if applicable)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are you and your spouse willing to be placed in different locations? <i>(if applicable)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>III. FOREIGN LANGUAGE FLUENCY</b>												
Language	Understanding			Speaking			Reading			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

**IV. EDUCATION AND PROFESSIONAL PREPARATION ABOVE SECONDARY SCHOOL (e.g. list university-level institutions) (List degrees in chronological order) (All applicants must have at least a Bachelor's Degree or equivalent degree)**

Institution, Location	Dates Attended (mm-yyyy)		Degrees Received		Major Subjects
	From	To	Kind	Date (mm-yyyy)	

**V. PRESENT EMPLOYMENT**

A. Present Position Title:		Years at Present Position:
B. Name and Address of School (include number, street, city, state, province, country, postal code):		Telephone (country code, number): and e-mail address:
		Fax (country code, number):
C. School Principal's or appropriate University Official or Dean's Name (include Dr., Mr., Mrs., Ms., or Miss):		
School Principal's or University Official or Dean's Job Title:		Telephone (country code, number) and e-mail address:
D. Immediate Supervisor's Name (include Dr., Mrs., Ms., or Miss):		
Immediate Supervisor's Job Title:		Telephone (area code, number) and e-mail address:
E. Approving Administrative Official's Name (include Dr., Mr., Mrs., Ms., or Miss): Note: Must be the official authorized to approve participation in the exchange, grant a leave of absence, and approve the appropriate salary arrangements, e.g., President, Headmaster, Superintendent or District Official. See "Administrative Approval for Applicant" form.		
Approving Administrative Official's Job Title:		Telephone (area code, number) and e-mail address:
Name and Address of Approving Administrative Official's Institution (include number, street, city, state, country, postal code):		

**VI. DAILY SCHEDULE FOR CURRENT YEAR (Administrator Exchange Applicants describe duties on separate sheet.)**

A. Subjects: Be specific and provide details (e.g., World History: European emphasis). Special Education teachers are requested to include details about student needs and teaching approaches.	Number of Teaching Hours Per Week	Grade Level and Age of Students		Number of Students
		Grade	Age	

B. Additional Activities: Describe workload other than a teaching position (e.g., counseling, supervision, curriculum development extra-curricular activities).	Number of Teaching Hours Per Week	Grade Level and Age of Students		Number of Students
		Grade	Age	

C. What is the best time to call you at school ?

D. Have you been absent from your job more than six days per year in the last three years?  Yes  No  
If yes, please explain:

**VII. PREVIOUS EXPERIENCE/EMPLOYMENT (All applicants must have at least three years of full-time teaching and/or administrative experience)**

A. List any full-time teaching/administrative experience, beginning with the most recent:

Dates (mm-yyyy)		Position Title	Name and Location	Full-Time Teaching Position	
From	To			Grade	Subject

B. List any experiences you have had studying, working or traveling abroad:

Dates (mm-yyyy)		Country	Purpose of Visit
From	To		

C. List memberships in educational, professional, and civic associations:

D. List awards and publications:

**VIII. OTHER EXPERIENCE**

A. List extracurricular activities you can direct or sponsor (e.g., sports, arts, dramatics, music, etc.):



B. List educational experiences you have had which would be especially helpful to you in working in the United States (e.g., working with bilingual students, student exchange programs, etc.):

C. List experiences you have had in teaching English to both native and non-native speakers. This section is especially required if you are applying as an English or English as a Second Language (ESL) teacher.

**IX. U.S. GOVERNMENT EDUCATIONAL EXCHANGE GRANTS**

A. Have you ever received a U.S. Government educational exchange grant?  Yes  No  
If yes, please indicate the year, country, type of grant and sponsoring agency.

B. If you did not accept or complete the grant, explain briefly:

**X. SCHOOL OR UNIVERSITY INFORMATION**

A. If school is primary or secondary, is it year-round?  No  Yes      Number of terms: \_\_\_\_\_

B. Dates of current school year terms (*mm-dd-yyyy*): Fall (*from:* \_\_\_\_\_ *to:* \_\_\_\_\_ ) Spring (*from:* \_\_\_\_\_ *to* \_\_\_\_\_ )

C. Number of school teaching staff: \_\_\_\_\_      Number of faculty in department: \_\_\_\_\_      Number of students in institution: \_\_\_\_\_

D. School type:     Public     Private     Religious      E. School location:     Urban     Suburban     Rural

F. Description of school/university (*include academic level, composition of student body, teaching method, resource materials, special features, etc.*). Use additional sheet if necessary:

**XI. ACCOMMODATIONS** (*Applicants for direct administrative exchanges need not complete this section. Teacher applicants should fill out this section in a complete manner*)

A. HOUSEHOLD MEMBERS (*other than applicant*):

Names	Relationship Code H: Husband W: Wife D: Daughter S: Son O: Other (i.e. Domestic Partner)	Dates of birth of dependents 21 and below ( <i>mm-dd-yyyy</i> )	To accompany on teaching assignment ( <i>Check One</i> )	
			Yes	No

B. HOUSING:

Are you willing to exchange housing?     Yes     No      Proximity to School (*kilometers or miles-indicate which*) \_\_\_\_\_

If yes, type of accommodation     House     Apartment     Other (*Describe*): \_\_\_\_\_

Number of rooms: \_\_\_\_\_      Number of bedrooms: \_\_\_\_\_      Number of beds: \_\_\_\_\_

Housing location:     Urban     Suburban     Rural

Is adequate public transportation available in the community?     Yes     No  
Does it run between your home and your school?     Yes     No

Do daily tasks in your community require use of a car, e.g., grocery shopping, doctor visits, etc.?     Yes     No

**XII. ESSAY**

**On no more than two additional pages, please write one essay addressing both A and B below:**

A. Provide a narrative picture of yourself. The essay should deal with your personal history, focusing on influences on your intellectual development, the educational and cultural opportunities (*or lack of them*) to which you have been exposed, and the ways in which these experiences have affected you. Also include your special interests and abilities.

B. Describe your future career goals and plans, especially ways you plan to use your experience on exchange in your professional work in home country or abroad and to enhance international education in your school/university and community.

**XIV. REMARKS**

*(Additional space for answers: Use this space to provide additional information on any item. Write the number and letter of the item to which each answer applies. If you need more space, attach additional sheets.)*

**TERMS OF AGREEMENT IF SELECTED**

1. I agree to reflect the ideals of my home country while observing and obeying the laws of the United States of America, the country in which I will be exchanging.
2. For teacher exchange applicants: When requested, I will have a complete physical examination and will submit a physician's "Report of Medical Examination." I will also submit a "Statement of Health for Dependents" form from a physician for all who accompany me. All medical examinations will be at my expense. In addition, I guarantee that I and anyone accompanying me will have comprehensive medical insurance sufficient to cover any major medical contingency that may occur in the U.S..

For administrative exchange applicants: When requested, I will submit a statement of health from a physician. I understand that a medical examination report, completed at my expense, may be required.

3. I am aware that travel before a grant is awarded is not reimbursable, nor is travel (*for example, home*) during the exchange for private purposes.
4. If required by my grant, I will travel on an airline designated for the transportation of grantees.
5. I will attend all orientation activities in the United States and/or in my home country/region.
6. If selected for a teaching assignment in the U.S., I will complete my assignment, remaining, if necessary, beyond the usual closing date of the school system in my home country. I will return to my teaching post in my home country for the year following my exchange year unless an extension of my leave is authorized by my school authority and the U.S. Department of State.

If selected for a short-term assignment of eight weeks or less, I will complete it, participate in all activities, and complete all required assignments. I will not be accompanied by dependents, relatives, or friends until the termination of the short-term assignment.

7. I will accept no employment other than my position as an exchange teacher during my stay in the U.S., unless approved in writing by U.S. Department of State.
8. I am aware that, should the exchange be terminated as a result of my inability to fulfill the obligations, I may be asked to reimburse funds expended on my exchange.
9. I am aware that no one or more of the following will be liable for any claim or claims resulting from either exchange partners' failure to enter upon or to complete the program outlined in the grant: the FSB, the United States Department of State, the cooperating agency, and the commission or post.
10. I have had a criminal background check conducted by my institution/district at the time of my employment.

Please list date of most recent criminal background check (*mm-dd-yyyy*) \_\_\_\_\_

I certify that I have read and understand the "Terms of Agreement" and that the information provided in this application is, to the best of my knowledge, true and correct. I am aware that a false statement may be grounds for non-selection or termination of my exchange. I further certify that I have notified the program authorities in my country and in the U.S. of any misdemeanor (*except minor traffic violation*) or felony convictions or pending indictments. My signature confirms that I will abide by the "Terms of Agreement" if selected for program participation.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE (*mm-dd-yyyy*) \_\_\_\_\_

How did you first hear about the Fulbright Teacher Exchange Program?	
_____ from a colleague at my school or university	_____ through a professional journal or other publication
_____ from a school or university administrator	_____ at my local library
_____ from a former participant of this program	_____ through advertisements from the Fulbright program or U.S. Embassy ( <i>mailing or website</i> )
_____ from a friend	_____ other ( <i>please specify</i> )
_____ at a conference	_____
_____ at the U.S. Embassy	_____
_____ at the Fulbright Commission	_____



**TEACHER  
EXCHANGE PROGRAM**

**REFERENCES**

**2009-2010**



## Administrative Approval for Applicant

ID#:09

1. Name of Applicant (*Last, First, Middle*):

**2. INSTRUCTIONS FOR APPROVING ADMINISTRATOR:**

Please complete the following sections and sign this form to certify your approval or disapproval of the applicant's pursuit of an exchange or one-way assignment through the Fulbright Teacher Exchange Program. Indicate the type of leave to be granted and whether or not your teacher has undergone a criminal background check (*You may check more than one box*). (*Please see reverse of this form.*)

**A. APPROVAL**

**For Direct Exchanges (*one year, one semester, short-term*) and Administrator Exchanges:**

The above applicant is employed full-time by our university, school or school system. The applicant has, in my judgment, superior qualifications and will be an excellent representative of our educational system in the U.S.. If we and all other necessary parties agree to a proposed assignment, the following leave(s) of absence will be approved and the applicant will be released under the conditions checked below in order to accept a position under the Fulbright Teacher Exchange Program.

With salary       Without salary       Not applicable (*summer program*)

**For One-Way Assignments:**

If a one-way assignment were to become available and the above applicant were to be proposed for such an assignment and all necessary parties agree to the proposed assignment, the following leave(s) of absence will be approved and the applicant will be released under the conditions checked below in order to accept a position under the Fulbright Teacher Exchange Program.

With salary       Without salary

Yes     No

According to institutional/district procedures, we conducted a criminal background check of the applicant at the time of his/her employment.

**B. DISAPPROVAL**

The above teacher/administrator is employed by our school or school system and will not be granted a leave of absence.

**C. OFFICIAL SIGNATURE**

Note: This form must be completed and signed by the official who is authorized to approve participation in the exchange, grant a leave of absence, and approve the appropriate salary arrangements for the university, school or school system in which the applicant is employed, e.g., President, Headmaster, Superintendent or District Official or equivalent in your country.

Name and Job Title of Chief Administrator or Authorized Official (*President, Headmaster, Superintendent or District Official*):

Name and Address of School or School System (*include number, street, city, state, province, country, and postal code, phone and email address*):

Signature of Chief Administrator or Authorized Official (*President, Headmaster, Superintendent or District Official*):

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (*mm-dd-yyyy*): \_\_\_\_\_

## **About The Fulbright Teacher Exchange Program** ***(Please submit to authorizing administrator along with form)***

The purpose of the Fulbright Teacher Exchange Program is to help promote mutual understanding between the people of the United States and the people of other countries through educational exchange. International teachers and administrators participating in the program have the opportunity to live and work abroad by exchanging or shadowing positions with educators from similar institutions in the United States.

International Fulbright Exchange Teachers usually exchange positions with U.S. teachers for an academic year, semester, or shorter period of time. By living and working in the cultures of their host country, the United States, international educators gain an understanding and appreciation of the similarities and the differences between nations. If your teacher is proposed for an exchange, your school will have the opportunity to review the credentials of the U.S. teacher and to accept or reject the proposed exchange arrangement. In order for an exchange to take place it must be approved by authorizing officials of the U.S. applicant's school system, as well as the J. William Fulbright Foreign Scholarship Board (FSB). **At the time of this application your signature on the reverse administrative approval form simply enables your teacher to be eligible for the program and indicates your willingness to consider a Fulbright Teacher Exchange at your school/university.**

The success of the Fulbright Teacher Exchange Program in increasing international understanding and properly representing the educational system and other aspects of your country's life and culture depends greatly upon the exercise of judgment by school administrators in approving their teachers'/administrators' participation in the program. It is important to the reputation of the program and your country's educational system, as well as that of the participating school, that an applicant be approved for participation only if the approving official has no reservations about his or her character, reliability, and adaptability and judges him or her to have superior qualifications and to be an excellent representative of your country's educational system.

Most exchanges occur with the teacher of your country and U.S. teacher receiving their regular salaries from their home schools while teaching and living abroad, though specific arrangements vary for each country. Your school will not be asked to pay the salaries of the U.S. exchange teacher. Housing arrangements are the responsibility of the teachers involved.

Both the international and U.S. teacher will be provided with a limited medical insurance policy by the U.S. government. However, your teacher should continue his or her current coverage from your school, and we encourage you to consider including your visiting teacher and any accompanying family members in your local group health plan.

**Please return this form to:**  
**The Fulbright Commission or Post in your home country.**

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## IMMEDIATE SUPERVISOR REFERENCE FOR APPLICANT

IMPORTANT: The success of this program depends on the selection of educators whose qualifications give promise of outstanding success under unusual circumstances abroad. Please see Fulbright Teacher Exchange Program description on the reverse of form.

ID#:09

1. Name of Applicant ( <i>last, first, middle</i> ):				
2. Check the Applicant's professional qualifications and personal traits:				
Item	Superior	Above Average	Average	Below Average
<b>PROFESSIONAL QUALIFICATIONS</b>				
Knowledge of the subject field				
Effectiveness with students of diverse levels of preparation				
Ability to work with colleagues, including those with divergent views				
Adherence to established administrative policies and procedures				
<b>PERSONAL TRAITS</b>				
Adaptability				
Resourcefulness				
Self-reliance				
Initiative				
3. Additional comments on the applicant's professional competence, experience, accomplishments, and personal qualities. Also indicate any limitations. Use additional page if necessary.				
4. Number of years you have known applicant:		5. Is the applicant a full-time teacher or administrator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Please provide a general description of your teacher's school/university. Comment on how you feel the school, university, or district will benefit from participating in the Fulbright Teacher Exchange Program. Use additional page if necessary.				
7. Can your international teacher's course-load be altered for the U.S. teacher? <input type="checkbox"/> Yes <input type="checkbox"/> No				
8. Please describe any special consideration that could be given to the incoming exchange teacher, (e.g., <i>orientation, reduced teaching load, extra preparation periods, special assignments teaching about U.S. culture, special support staff to assist exchange teacher with instructional or related duties, other</i> ). Please continue on the reverse of this page, or use additional sheets.				
9. Name and Job Title ( <i>include Dr., Mr., Mrs., Ms., Miss</i> ):				
10. Name and Address of School ( <i>include number, street, city, state, province, country and postal code, phone and email address</i> ):				
11. Print Name: _____		12. Title: _____		
Signature: _____		Date ( <i>mm-dd-yyyy</i> ): _____		

This form is subject to release, on written request, to the applicant. (*Privacy Act of 1974, Freedom of Information Act*)



Additional Space for Items 3, 6 and 8

**About The Fulbright Teacher Exchange Program**  
*(Please submit to authorizing official reference along with form)*

The purpose of the Fulbright Teacher Exchange Program is to help promote mutual understanding between the people of the United States and the people of other countries through educational exchange. International teachers and administrators participating in the program have the opportunity to live and work in the United States by exchanging positions with educators from similar institutions.

International Fulbright Exchange Teachers usually exchange positions with U.S. teachers for an academic year, although semester and shorter term programs also exist. By living and working in the culture of their host countries, they gain an understanding and appreciation of the similarities and the differences between nations. Visiting teachers share new perceptions with their students, and the returned Fulbright Exchange Teachers transmit an ongoing sense of awareness about what is happening in that part of the world in which they have been living and teaching.

**Please return this form to:**  
**The Fulbright Commission or Post in your home country.**

**PRIVACY ACT STATEMENT**

**AUTHORITIES:** The information is sought pursuant to Section 102 of the Mutual Educational and Cultural Exchange Act of 1961, as amended (*the Fulbright-Hays Act*) (22 U.S.C. 2452).

**PURPOSE:** The information solicited on this form is necessary to evaluate a candidate's eligibility and suitability for participation in the Fulbright Teacher Exchange Program, for general statistical use within the Department of State, and to direct program outreach strategies in subsequent program cycles. Failure to provide the information requested on this form may result in non-selection.

**ROUTINE USES:** The information may be shared with overseas counterpart agencies of the Bureau of Educational and Cultural Affairs or field personnel in selected countries to ensure matching with a foreign counterpart, and with local school authorities for their concurrence on the exchange. The information provided may also be released to federal, state, local, or foreign government entities for law enforcement purposes.



## REFERENCE FOR APPLICANT

IMPORTANT: The success of this program depends on the selection of educators whose qualifications give promise of outstanding success under unusual circumstances abroad. Please see Fulbright Teacher Exchange Program description on the reverse of form.

ID#:09

1. Name of Applicant ( <i>last, first, middle</i> ):				
2. Check the Applicant's professional qualifications and personal traits:				
Item	Superior	Above Average	Average	Below Average
<b>PROFESSIONAL QUALIFICATIONS</b>				
Knowledge of the subject field				
Effectiveness with students of diverse levels of preparation				
Ability to work with colleagues, including those with divergent views				
Adherence to established administrative policies and procedures				
<b>PERSONAL TRAITS</b>				
Adaptability				
Resourcefulness				
Self-reliance				
Initiative				
3. Additional comments on the applicant's professional competence, experience, accomplishments, and personal qualities. Also indicate any limitations. Use additional page if necessary.				
4. Professional relationship to the applicant:			5. Number of years you have known the applicant:	
6. Name and Job Title ( <i>include Dr., Mr., Mrs., Ms., Miss</i> ):				
7. Professional Address ( <i>include institution, number, street, city, state, province, country and postal code, phone number and email address</i> ):				
8. Print Name: _____  Signature: _____			9. Title: _____  Date ( <i>mm-dd-yyyy</i> ): _____	

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