

:

**DOCTORAL DISSERTATION RESEARCH
ABROAD (DDRA)
DIRECTOR**

CFDA NUMBER: 84.022

*IFLE REPORTING SYSTEM PROPOSED
SCREENS*

ATTACHMENT B: IFLE REPORTING SYSTEM PROPOSED SCREENS

Program: DDRA Institution: Award #: Project Director:	Grant Start Date: Grant End Date: Final Report Due Date: Submit Date: Amount:
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Project Information	Additional User	Fellow Administration	Instructor Administration	View/Submit Report
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Project Information

Review and edit the project information and contact information for the project director. If you need to change the name or email of your project director, contact your program officer for instructions.

* Required fields

Name: _____

Title: _____

Street: _____ *

Street 2: _____

City: _____ *

State: _____ District of Columbia

Postal code: _____ *

Phone: _____ *

Fax: _____

Email: _____

Web site: _____

Home institution: _____

Institution Type: _____ Select one

MSI Designation: * _____
 Eligible to receive assistance under sections 316 through 320 of part A of title III, under part B of title III, or under title V of the HEA.
 Not eligible to receive assistance under sections 316 through 320 of part A of title III, under part B of title III, or under Title V of the HEA.

Community College Designation: * _____
 Meets the definition in section 312(f) of the HEA (20 U.S.C. 1058(f)); or, an institution of higher education (as defined in section 101 of the HEA (20 U.S.C. 1001)) that awards degrees and certificates, more than 50 percent of which are not bachelor's degrees (or an equivalent), or master's, professional, or other advanced degrees.
 Does not meet the definition in section 312(f) of the HEA (20 U.S.C. 1058(f) or, is not an institution of higher education (as defined in section 101 of the HEA (20 U.S.C. 1001)) that awards degrees and certificates, more than 50 percent of which are not bachelor's degrees (or an equivalent), or master's, professional, or other advanced degrees.

Project title: _____ *

World area: _____ Russia/Eastern Europe
 Africa

Program officer: _____

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