

Institution Response Form (IRF) – Fulbright Visiting Scholars Program

This participant has been nominated to conduct research and/or teach in the US under a J-1 visa sponsored by the US Department of State administered by the Institute of International Education. If your institution/organization agrees to host this participant, please complete this form.

Participant Name:	Grant Start Date:
Participant's Home Country:	Grant End Date:

Project Title:

Host Institution/Organization:

If applicable, insert link to your university's academic calendar:

Faculty Associate/Research Mentor Information

Name:	Title:
Email:	Address:
Department:	Phone:

Faculty Associate Signature* **Date**

By signing above, I confirm that I have read the Fulbright Faculty Associate Guidelines and agree to its contents. Health Insurance, Costs/Fees, and other University Services are being verified by the Administrative Official as listed below.

Health Insurance

U.S. Department of State (Fulbright Scholar Program) sponsors the J-1 visa and provides the participant with ASPE health coverage that meets J-1 visa requirements as described here: sevendcorners.com/gov/usdos. The participant is also required to obtain health insurance meeting J visa requirements for all accompanying dependents.

Does this meet the minimum requirements for health insurance at your institution?	Yes	No
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*If **NO**, please provide information on your institution's requirements here, including web links or document attachments.*

Is the participant eligible for enrollment in the institution/university health insurance?	Yes	No
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Is the participant required to purchase the institution/university health insurance?	Yes	No
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*If **YES** to either of the above two questions, what are the **costs** for such coverage?*

Please detail any other information on any options available through your institution here, including web links or document attachments.

Comments:

Costs/Fees

The majority of institutions/organizations do **NOT** charge affiliation fees for Fulbright Visiting Scholars. Please seek waivers when possible for affiliation fees.

**Does your institution have any required fees that cannot be waived? If YES, please fill out the section below.	Yes	No
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Type	Amount & Frequency	Mandatory	
Affiliation/Administrative Fees		Yes	No
Laboratory Fees		Yes	No
Other Fees (Please describe)		Yes	No

Comments:

Access to Institution/University Services			
Please indicate services this participant will have access to:			
Work Space	Yes	No	
Type of Work Space (if provided)	Private	Shared	
ID Card	Yes	No	
Full borrowing privileges at the institutional libraries	Yes	No	
Account for/access to computer facilities	Yes	No	
Access to appropriate laboratories	Yes	No	
Access to health services	Yes	No	
Comments:			
Housing/Location			
While housing is the participant's responsibility, any assistance or resources that can be provided by the host institution is encouraged and appreciated. Please indicate any services this participant will have access to:			
On-campus Housing assistance	Yes	No	
<i>If Yes, provide contact information/website:</i>			
Off-campus Housing assistance	Yes	No	
<i>If Yes, provide contact information/website:</i>			
Please list any additional resources that may assist the participant in researching or securing local housing:			
Closest Airport(s):			
Other Travel or Location notes:			
Is your institution located on a U.S. Military Base?	Yes	No	
Visa Sponsorship			
IIE provides J-1 Visa sponsorship (Research Scholar category) to all Fulbright Visiting Scholars on behalf of the U.S. Department of State. Please confirm whether, for appointment or compensatory reasons, you prefer for IIE to use the Professor category of J1 Visa.		Our institution will accept the J1 Research Scholar category. We prefer IIE use the J1 Professor Category instead.	
Fulbright COVID-19 Policies			
In keeping with the Fulbright Program's mission of building mutual understanding through direct personal experience, fully online programs are not supported for Visiting Scholars. U.S. embassies will not issue J-1 visas for entry to the U.S. if the overall operating status of the host university is fully online. Please verify the following for this Fulbright Visiting Scholar's proposed program:			
Campus Overall Operating Status (select one)	Virtual	Hybrid	In-Person
In-Person Engagement The scholar will be able to hold regular in-person meetings with the faculty host and/or departmental community.	Yes	No	
The scholar will have In-person access to required labs, libraries, or university buildings needed to successfully conduct research (and/or teaching if applicable).	Yes	No	
Administrative Official			
Please provide the contact information for the administrator who verified estimated costs indicated above. **Administrators should be a Department Chair, Dean, International Student/Scholars officer or other comparable figure with budgetary oversight, as they must confirm the presence of any and all required costs in the fields listed above prior to the submission of this form.			
Name:	Title:		
Address	Email		
Department	Phone:		
Administrative Official Signature*	Date		
<p>_____</p> <p>_____</p> <p><i>*By signing above, I confirm that: a) I have read the Fulbright Administrative Official Memo and agree to its contents; and b) I attest that I verified the accuracy of the affiliation costs and insurance requirements outlined in this form for services associated with affiliation at my institution/organization.</i></p>			