

Institutional Reply 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:
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Participant's Home Country:	Grant End Date:
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Project Title:

Host Institution/Organization:

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

Faculty Associate/Research Mentor Information

Name:	Title:
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Address:	Email:
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Department:	Phone:
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Faculty Associate Signature*:	Date:
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**By signing above, I confirm that I have read the Fulbright Faculty Associate Guidelines and agree to its contents. Health Insurance, Cost/Fees, and other Institutional Services are being verified by the Administrative Official as listed below. Ink, electronic, and typed signatures are all accepted. I agree that any representation of my signature submitted is legally binding for agreements, terms and conditions of award and other documents IIE requests requiring my signature. I acknowledge and consent that these signatures have the same legal validity and effect as my handwritten signature and that it has the same meaning as my handwritten signature.*

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: <https://www.sevencorners.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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is the participant <i>required</i> to purchase the institution/university health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>If YES to either of the above two questions, what are the costs for such coverage?</i>	
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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

Type	Amount	Frequency	Is this fee Optional?
Affiliation/Administrative/Departmental Fees			<input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratory Fees			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Fees (Please describe):			<input type="checkbox"/> Yes <input type="checkbox"/> No
If your institution has a minimum monthly living expense requirement, enter the monthly amount here:			

Comments:

Access to Institution/University Services

Please indicate services this participant will have access to:

Work Space	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Work Space (if provided)	<input type="checkbox"/> Private <input type="checkbox"/> Shared
ID Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full borrowing privileges at the institutional libraries	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account for/access to computer facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access to appropriate laboratories	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access to health services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact information of International Students & Scholars Office (or equivalent, if applicable)	URL:
	Advisor Name:
	Advisor Email:

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	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, provide contact information/website:</i>	
Off-campus Housing assistance	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Visa Sponsorship	
<p>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.</p> <p>**If you are unsure of how to answer this question, we recommend you consult with your Office of International Students and Scholars for guidance.</p>	<p><input type="checkbox"/> Our institution will accept the J1 Research Scholar category.</p> <p><input type="checkbox"/> We prefer IIE use the J1 Professor Category instead.</p>
Fulbright Policies	
<p>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. Please verify the following for this Fulbright Visiting Scholar's proposed program:</p>	
<p>In-Person Engagement The scholar will be able to hold regular in-person meetings with the faculty host and/or departmental community.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>The scholar will have in-person access to required labs, libraries, or university buildings needed to successfully conduct research (and/or teaching if applicable).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
University COVID-19 Policies	
<p>Is vaccination for COVID-19 required to gain access to your campus/site of research?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><i>Comments/Explanation:</i></p>	
<p>Is regular testing for COVID-19 required to gain access to your campus/site of research?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><i>If YES, would your campus provide testing free of charge for this Fulbright Visiting Scholar?</i></p>	
<p><i>Comments/Explanation:</i></p>	
Administrative Official	
<p>Please provide the contact information for the administrator who verified estimated costs indicated above.</p> <p>**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.</p>	
<p>Name:</p>	<p>Title:</p>
<p>Address:</p>	<p>Email:</p>
<p>Department:</p>	<p>Phone:</p>
<p>Administrative Official Signature*:</p> <p>_____</p>	<p>Date:</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. Ink, electronic, and typed signatures are all accepted. I agree that any representation of my signature submitted is legally binding for agreements, terms and conditions of award and other documents IIE requests requiring my signature. I acknowledge and consent that these signatures have the same legal validity and effect as my handwritten signature and that it has the same meaning as my handwritten signature.</i></p>	