



**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.

<b>Participant Name:</b>	<b>Grant Start Date:</b>
<b>Participant's Home Country:</b>	<b>Grant End Date:</b>
<b>Project Title:</b>	
<b>Host Institution/Organization:</b>	
<b>If applicable, insert link to your university's academic calendar:</b>	

**Faculty Associate/Research Mentor Information**

<b>Name:</b>	<b>Title:</b>
<b>Address:</b>	<b>Email:</b>
<b>Department:</b>	<b>Phone:</b>
<b>Faculty Associate Signature*:</b>	<b>Date:</b>

*\*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.*

**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?**  Yes  No

*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

**Is the participant *required* to purchase the institution/university health insurance?**  Yes  No

*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?**  Yes  No  
*If YES, please fill out the section below.*

Type	Amount	Frequency	Is this fee Optional?
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<b>Affiliation/Administrative/Departmental Fees</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Laboratory Fees</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other Fees (Please describe):</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Comments:</b>			
<b>Access to Institution/University Services</b>			
Please indicate services this participant will have access to:			
<b>Work Space</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Type of Work Space (if provided)</b>	<input type="checkbox"/> Private <input type="checkbox"/> Shared		
<b>ID Card</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Full borrowing privileges at the institutional libraries</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Account for/access to computer facilities</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Access to appropriate laboratories</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Access to health services</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Comments:</b>			
<b>Housing/Location</b>			
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:			
<b>On-campus Housing assistance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If YES, provide contact information/website:</i>			
<b>Off-campus Housing assistance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If YES, provide contact information/website:</i>			
<b>Please list any additional resources that may assist the participant in researching or securing local housing:</b>			
<b>Closest Airport(s):</b>			
<b>Other Travel or Location notes:</b>			
<b>Is your institution located on a U.S. Military Base?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Administrative Official</b>			
Please provide the contact information for the administrator who verified estimated costs indicated above. <b>**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.</b>			
<b>Name:</b>	<b>Title:</b>		
<b>Address:</b>	<b>Email:</b>		
<b>Department:</b>	<b>Phone:</b>		
<b>Administrative Official Signature*:</b>	<b>Date:</b>		
<hr/> <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>			