

**APPLICATION FOR RENEWAL OF FULBRIGHT SPONSORSHIP
Pakistan Foreign Fulbright Program**

Name _____

Home Country _____ IIE Grantee ID: _____

U.S. Address _____ E-Mail Address _____

_____ Apt # _____ U.S. Phone Number _____

City _____ U.S. University/Institution _____

State _____ Zip _____ Field of Study _____

***Masters students:** Please complete pages 1, 4 and 5 only ***Doctoral students:** Please complete pages 2, 3, 4 and 5

ACADEMIC PROGRAM INFORMATION: Page 1 should be completed by Masters Students only

If you are a Masters Degree Candidate for the 2009/2010 academic year please fill out this section

- 1- Total number of credits **required*** for completion of your degree: _____
** Please note that you may incur financial responsibility resulting from any non-required courses taken without prior approval from IIE*
- 2- Total credits that you will have completed by the end of Academic Year 2008/2009: _____
- 3- Number of credits proposed for the 2009/2010 AY: Fall '09 _____ + Spring '10 _____ + Summer '10 _____ = TOTAL _____
- 4- Expected date of graduation*: _____ (Month/Day/Year) ** This date should match your university's academic calendar*

SUMMER 2009 PLANS (Masters Candidate)

Please outline your summer 2009 plans. This section must be completed (please check all that apply):

Academic Study from _____ to _____ (month/day/year)

List courses or describe your academic study plans. If you plan to engage in required research for your degree, please attach an explanation of your proposed research along with a letter from your academic advisor supporting your plans. If no courses are being taken, please write not applicable.

<u>Title of Course</u>	<u>Credits/Hours</u>
_____	_____
_____	_____
_____	_____

International Travel Dates of travel outside the U.S.: From _____ To _____
 Do you need to renew your J-1 visa while you are abroad? Yes No

Address, Phone Number and E-mail while outside of the U.S.:

Other (e.g. employment, U.S. travel) Attach additional pages as necessary:

ENDORSEMENT OF ACADEMIC ADVISOR for Master Degree Candidate

Please verify that the above information concerning this student's academic progress and objectives are realistic and that the rate of progress toward the stated goal is also satisfactory (*attach additional pages as needed*).

_____	_____
Print Name	Signature
_____	_____
Department	Email
_____	_____
Phone	Date
_____	_____

If you are a Doctoral Degree Candidate for the 2008/2009 academic year please fill out this section

1- Have you already completed a Masters Degree in the United States?

No

Yes If you are presently enrolled in a Masters please indicate when it will be completed _____(Mo/Day/Yr)

2- How many years of your PhD will you have completed at the time of this renewal application? _____ years

3- Total number of minimum credits **required** for completion of your degree:

Course Credits _____ + Research Credits _____ = Total Credits

4- Total credits that you will have completed by the end of AY 2008/2009: _____

5- Number of credits proposed for the 2009/2010 academic year:

Fall '09 ____ + Spring '10 ____ + Summer '10 ____ = TOTAL _____

6- Expected Semester when course credits will be completed and research only stage will begin: _____

7- Tentative Date for Comprehensive/ Qualifying Examination(s):

I have **not** yet completed the examination(s), but tentatively anticipate completing it/them on: _____ (Mo/Day/Yr)

I passed my examination(s) on _____ (Mo/ Day/Yr)

I did not pass my exam (if applicable to you, please contact your program officer for further instructions)

8- Tentative Dissertation topic/ title: _____

This topic **has been** formally approved

This topic **has not yet been** formally approved

9- (If applicable to your PhD program stage) include the Name, Title, and Department for members of your review committee

Name	Title	Department

10- Expected date of thesis/ dissertation defense: _____ (Month/Day/Year)

11- Expected date of graduation*: _____ (Month/Day/Year)

**This date should match your university's academic calendar*

*If this date has changed from previous reports explain the change:

SECTION 2: SUMMER 2009 PLANS (PhD Candidate)

Please outline your summer 2009 plans, this section must be completed (please check all that apply):

Academic Study from _____ to _____ (month/day/year)

List courses or describe your academic study plans. If you plan to engage in required research for your degree, please attach an explanation of your proposed research along with a letter from your academic advisor supporting your plans. If no courses are being taken, please write not applicable.

Title of Course

Credits/Hours

Dissertation related Research in the United States from _____ to _____ (month/day/year)

Please provide a short explanation as to your proposed summer research along with confirmation from your academic advisor supporting your summer plans.

International Travel Dates of travel outside the U.S.: From _____ To _____

Do you need to renew your J-1 visa while you are abroad? Yes No

Address, Phone Number and E-mail while outside of the U.S:

Other (e.g. employment, U.S. travel) Attach additional pages as necessary:

ENDORSEMENT OF ACADEMIC ADVISOR for Doctoral degree seeking candidate

Please verify that the above information concerning this student's academic progress and objectives is realistic. Comments in regards to this student's doctoral degree progress should be addressed; particularly if there have been any major obstacles or concerns with regard to the rate of progress or quality of work toward the stated goal. If the student plans to engage in full-time dissertation research during the summer please confirm that the information above is accurate (*attach additional pages as needed*).

Print Name

Signature

Department

Phone

Email

Date

NON IIE - UNIVERISTY FUNDING: Page 4 should be completed by ALL Students

(If applicable) please list any non-Fulbright financial award(s) that you have applied to for the next academic year (e.g. tuition waivers, fellowships, teaching or research assistantships, other scholarships, etc.), the amount each award will provide, and the date by when you will know the result of your application:

	Award Name	Semester/Term Covered By Award	Estimated Amount	Date of Decision
1			\$	
2			\$	
3			\$	

Do you currently have a tuition waiver from your **university**? Yes No

Please indicate the dollar amount of your tuition waiver: \$_____ It is a Full Tuition Waiver Partial Tuition Waiver

Is your University award amount Pre Tax Post Tax (if you are not sure please inquire with your academic department)

Have you applied for a renewal of these university awards? Yes No Date Decision Expected: _____

If no, please explain why: _____

Did you receive **any other (i.e. Graduate/Teaching assistantship)** university awards in the current academic year? Yes No

If yes, list type of university award(s). Attach additional pages as necessary:

1. _____ This award covers: Fees Stipend: \$ _____ per semester/term

2. _____ This award covers: Fees Stipend: \$ _____ per semester/term

Some universities require that you apply for a renewal of these awards every academic year. Check with your academic department for eligibility information. If you receive any other awards, you must provide written confirmation of the source(s), amount(s), and duration of the award(s) as soon as this information is confirmed.

Are you required to complete a thesis for your degree?

No

Yes - If yes, and you completed all of your required credits for degree completion, do you intend to register for full-time equivalency or thesis credits only?

No

Yes - If yes, which semester/term? Spring 2009: ____ Summer 2009: ____ Fall 2010: _____

What is the total tuition or fee that will be charged? \$ _____

OTHER SUPPORTING DOCUMENTS: To be completed only if applicable to student

J2 Proof of funding: If you are accompanied by J2 dependants, you are required to re-submit proof of funding.

Please attach the original bank statements and indicate the amount of your J2 proof of funding contribution:
\$ _____

Leave of Absence from Employment in Your Home country:

Are you employed in your home country?

No

Yes

If yes, do you have an approved leave of absence from your employer? Yes No

When does your leave of absence expire? _____

ADDITIONAL SIGNATURE ENDORSEMENTS: Page 5 should be completed by ALL Students

ENDORSEMENT OF STUDENT

Please use this section to express any comments on your past, present and future studies. Feel free to share any positive experiences (academic or extra-curricular) that you have been particularly formative for you in this past year.

Name

Signature

* By signing the Application for Renewal of Fulbright Grant, you are verifying that all the information related to your academic program and funding is correct.

ENDORSEMENT OF FOREIGN STUDENT ADVISOR

Please verify that the above student is currently enrolled **full-time** and in good academic standing.

Name

Signature

Title

Phone

Email

Date

FOR IIE USE ONLY

IIE Program Officer:	Renewal Application Rcvd:
Student Name:	RAS sent to WAM:
Student ID:	Renewal Sent to Student on:

Included: <input type="checkbox"/> Renewal Form <input type="checkbox"/> Transcripts [Cumulative GPA _____] <input type="checkbox"/> Proof of funding (for those with J2)	DS End Date- Orig End Date ___/___/___ to New End Date ___/___/___ <input type="checkbox"/> Shorten <input type="checkbox"/> Extension <input type="checkbox"/> Same
Present GED: _____ Estimated Degree completion date: ___/___/___ Degree: Masters / PhD Awards: None / Yes, see attached J2 Dep: None / Yes, how many: _____	Fin Update- Orig amt \$ _____ Global amt \$ _____ New Total \$ _____
Additional Notes/ Email Follow-up: MMR:	[Internal] SEVIS processing: