

# FULBRIGHT PROGRAM

## APPLICATION FOR STUDY IN THE UNITED STATES FOR A FELLOWSHIP, SCHOLARSHIP, ASSISTANTSHIP OR OTHER EDUCATIONAL GRANT

READ ALL INSTRUCTIONS AND INFORMATION CAREFULLY BEFORE COMPLETING APPLICATION

### INSTRUCTIONS

Upon receipt of your application through the Selection Committee or sponsoring organization in your country, The Institute of International Education (IIE) will make every effort to secure admission for you at a suitable educational institution and, if applicable, to arrange any necessary scholarship assistance. **YOU SHOULD NOT MAIL THIS FORM DIRECTLY TO ANY UNIVERSITY IN THE UNITED STATES.**

1. All forms in this application are to be completed in English and typewritten in black ink or printed from a computer.
2. Each page of the following application carries its own instructions which should be read carefully before proceeding.
3. Every question must be answered completely and carefully. Please make every effort to limit your responses to the space provided.
4. Completed applications should be returned to the Selection Committee or sponsoring organization as soon as possible. They must reach IIE by November 1 of the current year in order to be considered for the next academic year, which begins in August or September of the following year.
5. Incomplete applications will not be considered.
6. Do not mention the names of any U.S. universities you wish to attend in the five page Application. The Confidential Information Sheet is included for that purpose.

### APPLICATION

*A complete application consists of the following components:*

#### 1. Cover Sheet

#### 2. Application

In these five pages you will state biographical information, study objectives, curriculum vitae, and other information. Please note the following special instructions on certain numbered fields in the application:

(a) **Degree Objective** (page 1, item 15) The requirements for completing academic work toward a degree vary depending upon the degree desired, the candidate's academic background and the regulations of the individual U.S. institution to which the candidate is admitted. It is usually not possible to obtain a degree in one academic year. Although the minimum time required for a Master's degree is one academic year, a student should expect to spend from at least one summer session to an additional academic year to complete the academic requirements. For the Doctoral degree, at least two to three academic years are required beyond the Master's degree. However, many students find four or five years necessary, and in some cases even longer. Please note that the length of your degree program may exceed the available funding and sponsorship limits of your Fulbright grant.

(b) **Study Objectives** (page 3, item 24) The description of your study objectives in the U.S. is an essential and highly important part of your application. You should take great care in writing a clear and detailed description of the program you want to pursue. An unclear, incomplete or overly brief statement can diminish your chances for admission to an appropriate program in the U.S. Do not list your choice of universities here or anywhere else in the five pages of the application.

#### 3. Confidential Information Form

The information you provide in this section is used for IIE's internal purposes and as a release form to obtain standardized test scores when necessary. You may list your choice of U.S. universities on this form only.

#### 4. Personal Financial Information Form

The information you provide in this section will be kept confidential by IIE and is used for IIE's internal purposes only. It is very important that the Personal Financial Information Form be carefully and accurately completed. The information provided should be based on real circumstances. As the type of grant which may be awarded to you may cover only a portion of your expenses for your first year, you may need to provide the balance from your own funds. All candidates (even those designated by their sponsor for full funding) should plan to bring additional personal funds for incidental expenses. If you should have a major change in your financial resources while your application is pending with IIE, you should immediately inform your Selection Committee.

#### 5. Student Information Card

Complete the top section only. The remaining section is for IIE office use.

#### 6. Report on Proficiency in English

Complete only the top section of this form and have the remaining portion completed by one of the types of certified English language evaluators listed.

*(Continued over)*

**7. Confidential Letters of Reference**

You must submit four letters. U.S. universities consider letters of reference extremely important. All letters of reference should be written by teachers under whom you have studied or pursued research or by someone who has supervised you in work related to your proposed field of study. Letters of reference should not be written by persons related to you either by blood or marriage, or by personal friends. At least one academic and one professional or work related letter must be included among the four letters you provide. The letters of reference should be written in English, if possible. If they are not, a translation must be provided. Please be certain to ask that both pages of the form are completed.

**8. Medical History and Examination Form**

This consists of two parts. The first should be completed by you, and the second should be completed in English by a qualified physician after a physical examination and review of your medical history.

**9. Transcripts**

Applicants must attach official, complete and certified academic documents covering the entire period of study at universities and other post-secondary institutions. Documents must be accompanied by complete official English translations. These documents must consist of:

i One certified, official record (transcript) from each university or post-secondary institution you attended, even those schools from which you did not receive a degree or diploma. These transcripts should list the subjects you studied and the grades you received during each year of your enrollment. Include all post-secondary institutions you have attended, even those from which you did not receive a degree or diploma. Official transcripts must be submitted in sealed envelopes.

ii Certified, official evidence of each post-secondary or university degree, diploma or certificate awarded to you should be included as part of the completed application.

iii Five copies of original transcripts for any coursework (graduate or undergraduate) done in the United States. Please contact your Commission, U.S. Embassy or Committee to receive a copy of the *Transcript Release Form*. IIE will request transcripts for you from U.S. institutions you have previously attended.

NOTE: Individual Fulbright Commissions, U.S. Embassies, or Selection Committees may require that you complete additional forms as part of your Fulbright application.

**STANDARDIZED TESTS**

You are required to take one or more of the following standardized tests to gain admission to U.S. universities. For instructions on registration, contact your Fulbright Commission, U.S. Embassy, Selection Committee or the Educational Testing Service at your Regional Registration Center or at Princeton, New Jersey 08541, USA.

**1. TESTS OF ENGLISH LANGUAGE PROFICIENCY:**

a) TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL): TOEFL is an admissions requirement at U.S. institutions for applicants whose

native language is not English. All non-native English speaking candidates should immediately register for TOEFL.

b) TEST OF WRITTEN ENGLISH (TWE): The TWE is designed to measure an individual's ability to communicate in written English. It consists of essay questions similar to those which students are expected to produce as part of their classroom work at colleges and universities in the United States. The TWE is only administered at paper and pencil TOEFL test locations. The TWE is included as part of the computer-based TOEFL (CBT-TOEFL).

c) TEST OF SPOKEN ENGLISH (TSE): The TSE is designed to measure an individual's ability to communicate verbally in English. Graduate candidates who are recommended for teaching assistantships should register for this test.

d) MICHIGAN ENGLISH LANGUAGE ASSESSMENT BATTERY (MELAB): The MELAB may be accepted as a preliminary English proficiency evaluation for nonnative speakers of English who have not yet been able to sit for the TOEFL exam.

**2. GRADUATE RECORDS EXAMINATION (GRE):** The GRE is required by U.S. graduate schools and/or departments for candidates in most fields other than Business Administration and Law. Applicants should make every effort to register for the earliest possible test date.

**3. GRE SUBJECT TESTS** which had previously been optional are increasingly becoming a requirement for departmental review. All graduate candidates should make every effort to take the appropriate GRE Subject Test in their field of study.

**4. GRADUATE MANAGEMENT ADMISSIONS TEST (GMAT):** GMAT is an admissions requirement for applicants proposing to study Business or Management, as well as any fields which may fall within the scope of offerings of a Business school or department. Arrangements should be made immediately to take the GMAT.

**IMPORTANT:**

You must indicate that you want your score reports sent to:

**INSTITUTE OF INTERNATIONAL EDUCATION (IIE)  
CODE NUMBER 2326**

You must be sure to indicate this code (**2326**) on the registration forms on the answer sheets provided at the time you take the examination.

**OTHER IMPORTANT INFORMATION**

**1. DURATION OF GRANTS:** Fulbright grants and other fellowships, assistantships, scholarships and educational grants are generally awarded for one nine to twelve month academic year beginning in August or September. Candidates appointed to certain types of Fulbright grants may be required to arrive during the summer for an introductory course or intensive English program prior to the academic year. In some cases, arrangements may be made for an extension of the period of grant beyond the first academic year. Candidates should not assume, however, that awards are automatically renewable.

**2. CHANGE OF PLANS:** You should promptly inform your Fulbright Commission, U.S. Embassy, or Selection Committee of any change in your academic status or future plans after this application has been submitted.



# FOREIGN FULBRIGHT GRANT APPLICATION COVER SHEET

COUNTRY OF CURRENT CITIZENSHIP: \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  MALE  FEMALE

NAME: \_\_\_\_\_  
*Last First Middle Maiden*

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CURRENT POSITION/STATUS: \_\_\_\_\_ *Since* \_\_\_\_\_

CURRENT AFFILIATION: \_\_\_\_\_ *Since* \_\_\_\_\_

## ACADEMIC DEGREES

<i>Degree</i>	<i>Major</i>	<i>Date Received</i>	<i>Institution</i>	<i>Country</i>
---------------	--------------	----------------------	--------------------	----------------

FELLOWSHIPS, Honors, Publications, Exhibitions, Extracurricular Activities

FUTURE PLANS (Upon Return to your Home Country)

PROPOSED FIELD OF STUDY AND DESCRIPTION OF YOUR STUDY OBJECTIVES (Do Not Attach Additional Sheet)

DEGREE OBJECTIVE:  Master's  Doctorate  Non-degree  Other

**Do not write below this line**

To be completed by Fulbright Foreign Scholarship Board Member

FSB Member Signature/Initials \_\_\_\_\_ Date \_\_\_\_\_  Approve  Disapprove  Abstain



# FULBRIGHT PROGRAM

## APPLICATION FOR STUDY IN THE UNITED STATES

### FOR A FELLOWSHIP, SCHOLARSHIP, ASSISTANTSHIP OR OTHER EDUCATIONAL GRANT

(Please read instructions carefully. All sections should be completed in English and be typewritten.)

#### 1. NAME OF APPLICANT

Mr.  Family First Middle Initial  
Ms.

#### 2. NAME ON PREVIOUS ACADEMIC RECORDS: (If different from above)

**DO NOT COMPLETE SHADED AREA. FOR IIE USE ONLY.**

3. IIE MAILING ADDRESS: <b>IIE / FASD / 809 United Nations Plaza New York, NY 10017-3580</b>	4. IIE MAILING ADDRESS VALID UNTIL: <b>September 15, _____</b>
--	---

5. DATE OF BIRTH: (Month-Day-Year)	6. GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	7. IIE DAY PHONE: 212-984-_____ FAX NUMBER: 212-984-5395
		8. E-mail: _____@iie.org

9. BIRTHPLACE: (City, State/Province, Country)	10. COUNTRY OF RESIDENCE _____
	10 B. COUNTRY OF CITIZENSHIP _____

11. CITIZENSHIP:	11b. DO YOU NOW HAVE, OR HAVE YOU EVER HELD:
	U.S. CITIZENSHIP? <input type="checkbox"/> Yes <input type="checkbox"/> No
	U.S. DUAL CITIZENSHIP? <input type="checkbox"/> Yes <input type="checkbox"/> No
	U.S. PERMANENT RESIDENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No

12. MARITAL STATUS: (Single, Married, Divorced, Separated, Widow, Widower, etc.)	13. AGES OF CHILDREN, IF ANY:
--	-------------------------------

### STUDY PLANS

14. WHAT IS YOUR PROPOSED MAJOR FIELD OF STUDY AND IN WHAT SPECIFIC AREA OF YOUR FIELD DO YOU PLAN TO SPECIALIZE?

15. DEGREE OBJECTIVE:

Masterís  Doctorate  Non-Degree  Visiting Researcher

### EXAMINATION RESULTS

16. EXAMINATION DATES AND TEST SCORES: (Date if taken or future date for taking exams (Month/Year))

Date	Score	Percentile	Date	Verbal Score	%	Quantitative Score	%	Analytical Score	%
TOEFL _____	_____	_____	GRE General Exam _____	_____	_____	_____	_____	_____	_____
TSE _____	_____	_____							
TWE _____	_____	_____							
GMAT _____	_____	_____							
			GRE Subject Exam _____	_____	_____	_____	_____	_____	_____

**17. EDUCATION**

List educational institutions attended in reverse chronological order, including any in which you may be presently enrolled:

INSTITUTION AND LOCATION (List in reverse order)	MAJOR FIELD OF STUDY	DATES (Month and Year)		ACTUAL NAME OF DEGREE OR DIPLOMA (Do not translate)	DATE RECEIVED OR EXPECTED
		From	To		

18. LIST SCHOLARSHIPS OR FELLOWSHIPS HELD AT PRESENT OR IN THE PAST: (Give source or sponsor, amount, where held, and duration.)

19. INDICATE ANY ACADEMIC HONORS OR PRIZES WHICH YOU HAVE RECEIVED, WITH TITLES AND DATES:

20. LIST ANY BOOKS, ARTICLES OR THESES PUBLISHED BY YOU, ESPECIALLY IN YOUR PROPOSED FIELD OF STUDY: (Give title, place and date of publication)

21. LIST PROFESSIONAL SOCIETIES, FRATERNITIES OR OTHER ORGANIZATIONS IN WHICH YOU NOW HOLD MEMBERSHIP OR IN WHICH YOU HAVE BEEN ACTIVE IN THE PAST: (Indicate if you have held an elective office.)

22. TEACHING EXPERIENCE: (Including any teaching positions you have held or currently hold.)

23. RESEARCH: (Including any research you have completed or in which you are currently involved.)

NAME OF APPLICANT:

COUNTRY:

24.

### STUDY OBJECTIVES

Write a clear and detailed description of your study objectives, and give your reasons for wanting to pursue them. Be specific about your major field and your specialized interests within this field. Describe the kind of program you expect to undertake, and explain how your study plan fits in with your previous training and your future objectives. Your statement is an essential part of your application. Unclear, incomplete or impractical proposals can result in your being referred to a university not suited to your scholastic needs, or your not being accepted by any university. **Do not mention specific U.S. universities at which you would like to study.**

NAME OF APPLICANT:

COUNTRY:

25.

### PERSONAL STATEMENT

Please provide a narrative statement discussing your professional, academic and future plans. It should not be a mere listing of facts. It should include information about your education, practical experience, special interests, career plans, and your purpose in applying for study in the U.S. Describe any significant factors that have influenced your educational or professional development. Comment on the number of years of practical experience already completed in the field in which academic work will be done in the U.S. and describe briefly the most advanced courses already pursued in their field of study. **Do not mention in your Curriculum Vitae specific U.S. universities at which you would like to study.**

NAME OF APPLICANT: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

**26. KNOWLEDGE OF LANGUAGES:** *(Rate yourself Excellent, Good or Fair. Include all languages in which you have some competence.)*

Mother Tongue \_\_\_\_\_

LANGUAGE	READING	WRITING	SPEAKING
English			

**26a. HOW MANY YEARS HAVE YOU STUDIED ENGLISH?** \_\_\_\_\_

**27. OCCUPATIONAL EXPERIENCE:** *(List positions held, beginning with the most recent employment, if any.)*

NAME AND ADDRESS OF EMPLOYER	TITLE/TYPE OF WORK	DATES (Month and year)	
		From	To

**28. IF YOU HAVE TRAVELLED, LIVED, OR STUDIED IN ANY COUNTRY OTHER THAN YOUR OWN FOR MORE THAN A MONTH, INDICATE PLACES, DATES AND REASONS:**

**29. PLEASE PROVIDE THE NAME, ADDRESS AND TELEPHONE NUMBER OF INDIVIDUALS TO BE NOTIFIED IN CASE OF AN EMERGENCY:**

IN YOUR HOME COUNTRY

IN THE UNITED STATES

**30. PLEASE LIST ANY CLOSE RELATIVES OR FRIENDS IN THE UNITED STATES:**  
*(Name, address and relationship)*

**31. PLEASE DESCRIBE ANY PHYSICAL IMPAIRMENT YOU MAY HAVE:** *(This information is gathered for statistical purposes and to ensure appropriate placement. The Fulbright Program does not discriminate on the basis of race, color, religion, sex, national origin, and/or physical impairment.)*

**32. FUTURE PLANS:** *(Describe the career you plan to pursue after completion of study or research in the U.S. (e.g., teaching, government, business, industry or any plans you might have for continued study or research in your home country). Also indicate if you will be returning to former employment, or if you have been promised a position in your home country after completing your U.S. training).*

BY MY SIGNATURE, I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IN MY APPLICATION IS ACCURATE AND COMPLETE.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_





NAME OF APPLICANT: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

**REPORT ON PROFICIENCY IN ENGLISH**

**THIS FORM SHOULD BE COMPLETED BY ONE OF THE FOLLOWING:**

- A Director of Courses in English at a Binational Center
- A Professor of English whose Native Language is English
- An Official of the U.S. Embassy or Fulbright Commission

**PURPOSE OF REPORT:** The person named is applying for a grant to study at a college, university or other institution of higher learning in the United States. Consideration must be given to each applicant's English proficiency. This report form seeks a reliable evaluation of the applicant's present command of English, including comments as to additional language training which appears necessary.

Please indicate briefly how the evaluation was conducted. Mention which test was used and, **most importantly**, the scores achieved.

**METHOD:** \_\_\_\_\_ **TEST:** \_\_\_\_\_

1. ABILITY: Is the applicant's mother tongue English?  Yes  No

(X) the appropriate boxes to indicate your opinion of the applicant's present ability in English from the standpoint of the language proficiency usually needed for effective pursuit of studies at a college or university in the United States.

- |   |  |
|---|--|
| <p>(a) <u>Speaks English</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fluently and colloquially</li> <li><input type="checkbox"/> With ease but with occasional errors</li> <li><input type="checkbox"/> Haltingly with frequent errors</li> <li><input type="checkbox"/> No ability</li> </ul> <p>(b) <u>Understands Spoken English</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> With good comprehension</li> <li><input type="checkbox"/> With some hesitation</li> <li><input type="checkbox"/> Simple vocabulary only</li> <li><input type="checkbox"/> Not at all</li> </ul> | <p>(c) <u>Understands Written English</u> (Text Used: _____)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Comprehends advanced level material</li> <li><input type="checkbox"/> Comprehends intermediate level material</li> <li><input type="checkbox"/> Comprehends elementary level material</li> <li><input type="checkbox"/> No ability</li> </ul> <p>(d) <u>Expresses Thoughts in Written English</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> With fluency and facility</li> <li><input type="checkbox"/> With ease but ungrammatically</li> <li><input type="checkbox"/> On an elementary level only</li> <li><input type="checkbox"/> No ability</li> </ul> |
|---|--|

2. ADDITIONAL TRAINING

- (a) In your opinion, how much additional English training does this student require to undertake full time academic study in U.S. institutions of higher learning?
- None  Number of Weeks \_\_\_\_\_  Number of Months \_\_\_\_\_
- (b) What English language study is the candidate planning to take before coming to the U.S.?

**EVALUATION AND REPORT PREPARED BY:**

NAME (print): \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE RETURN DIRECTLY TO THE SELECTION COMMITTEE IN THE APPLICANT'S COUNTRY OR TO THE CULTURAL AFFAIRS OFFICER OF THE U.S. DIPLOMATIC MISSION IN THE APPLICANT'S COUNTRY. UNDER NO CIRCUMSTANCES SHOULD THE COMPLETED FORM BE RETURNED TO THE APPLICANT.



NAME OF APPLICANT: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

**CONFIDENTIAL INFORMATION FORM**

TO BE COMPLETED BY THE APPLICANT

1. Are there any U.S. universities at which you would prefer to study?  Yes  No

While it is not necessary for you to identify institutions if you have no preferences, you can list in priority order three schools of your choice. IIE will take your preferences into consideration insofar as possible. Be sure to give **detailed** reasons for each choice, and **confirm** that these universities offer programs in your field of interest.

University	Graduate Department	Specific Reason for Preference
I.		
II.		
III.		

2. It is not expected that you will apply for admission by direct application or correspondence with a university in the United States.

(a) If, however, you have already submitted an application form directly to any universities in the U.S., list the names of these institutions below and indicate the response you have received, if any.

University	Date of Application	Response to Application

(b) If you have corresponded with department professors and/or admissions offices at any U.S. universities, list the names of these contacts and their universities and departments below and attach copies of all your correspondence with them. Correspondence only does not constitute an application for admission.

University	Name of Department, Professor, or Other Office or Person Contacted, with telephone number and/or e-mail address

3. Indicate if you are planning to apply for a fellowship, scholarship, assistantship or other educational grant or loan from another organization, government or educational institution: *(This information will not prejudice your application.)*

**4. PERMANENT ADDRESS**

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_

POSTALCODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**5. AUTHORIZATION FOR RELEASE OF INFORMATION**

PLEASE SIGN BELOW AS YOUR AUTHORIZATION FOR IIE:

- (1) TO RECEIVE, AND/OR TO REQUEST YOUR TOEFL, TSE, TWE, GRE, GMAT, SAT, ACHIEVEMENT TESTS OR ANY OTHER TEST SCORE REPORTS TO BE SENT TO U.S. ACADEMIC INSTITUTIONS ON YOUR BEHALF.
- (2) TO RECEIVE INFORMATION ON THE STATUS OF YOUR APPLICATION, INCLUDING FINAL DECISIONS, FROM U.S. ACADEMIC INSTITUTIONS.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_



NAME OF APPLICANT: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

**PERSONAL FINANCIAL INFORMATION FORM**

Because some scholarships provide only for part of the cost of an academic year in the United States, it is necessary to know what portion of the total expenses you and your family can pay from personal funds.

**INDICATE ALL FUNDS IN U.S. CURRENCY**

**1. CURRENCY RESTRICTIONS**

- (a) Does your home country have any currency restrictions limiting the amount of money you can bring with you to the U.S.?  Yes  No  
If Yes, please specify: \_\_\_\_\_
- (b) What is the current rate of exchange for U.S. currency in your home country? \_\_\_\_\_

**2. FUNDS AVAILABLE FOR YOUR FIRST YEAR OF STUDY IN THE UNITED STATES (U.S. Dollars)**

- (a) Family Funds
    - 1. Father's occupation: \_\_\_\_\_ Mother's occupation: \_\_\_\_\_
    - 2. Number of your parents dependents: Brothers \_\_\_\_\_ Sisters \_\_\_\_\_ Others \_\_\_\_\_
    - 3. What is the total amount your family can provide for your FIRST YEAR of study in the U.S.? \_\_\_\_\_
  - (b) Your Own Funds  
What is the total amount you can provide from your own funds for your FIRST YEAR of study in the U.S.? \_\_\_\_\_
  - (c) Other Funds
    - 1. Specify the amount of any funds available to you from other sources for your FIRST YEAR of study in the U.S.? \_\_\_\_\_
    - 2. List other sources: \_\_\_\_\_
- TOTAL: [(a) 3, (b) and (c)] \_\_\_\_\_
- (d) List any scholarships you are applying for \_\_\_\_\_  Yes  No
  - (e) Will you be able to instruct a bank in your home country to transfer the above total amount to a U.S. bank upon request of the educational institution to which you have been admitted?  Yes  No
  - (f) If you expect to receive the funds in periodic installments throughout the academic year please state when these sums will be available and in what amounts: \_\_\_\_\_

**3. FUNDS AVAILABLE AFTER YOUR FIRST YEAR OF STUDY IN THE UNITED STATES**

- (a) If you remain for more than a year would the same amount of money as indicated in "TOTAL: [(a) 3, (b) and (c)]" above be available for your SECOND YEAR of study in the U.S.?  Yes  No
  - (b) If "No" please specify the amount that will be available to you the SECOND YEAR:
    - 1. Family Funds: \_\_\_\_\_
    - 2. Your Own Funds: \_\_\_\_\_
    - 3. Other Funds: \_\_\_\_\_
- TOTAL: [1, 2 and 3] \_\_\_\_\_

**4. TRAVEL FUNDS (Do not include funds specified in Sections II and III above)**

- (a) Can you pay for your round-trip travel to the U.S. if necessary?  Yes  No
- (b) Specify the amount you have available for round-trip travel: \_\_\_\_\_

**5. DEPENDENTS**

No U.S. award provides for dependents. THE INSTITUTE OF INTERNATIONAL EDUCATION CANNOT BE RESPONSIBLE IN ANY WAY FOR DEPENDENTS ACCOMPANYING YOU TO THE U.S. Should dependents accompany you, you will be responsible for providing travel, adequate insurance, and support for them.

- (a) List the relationships and ages of any persons who will require financial assistance from you during your stay in the U.S.: \_\_\_\_\_
- (b) Will these dependents accompany you to the U.S.?  Yes  No  
If Yes, state how you intend to provide for them during your year of study in the U.S.: \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**FULBRIGHT PROGRAM**  
**APPLICATION FOR STUDY IN THE UNITED STATES**  
**FOR A FELLOWSHIP, SCHOLARSHIP, ASSISTANTSHIP OR OTHER EDUCATIONAL GRANT**

**CONFIDENTIAL LETTER OF REFERENCE**

This letter of reference must be written by a teacher under whom the applicant has studied or pursued research in the proposed field of study or by someone who has supervised the applicant in work related to the proposed field of study. This letter must be typewritten and in English. If not in English, then an accurate translation must be attached.

NAME OF APPLICANT: _____	COUNTRY: _____
--------------------------	----------------

NAME OF REFEREE: \_\_\_\_\_

TITLE \_\_\_\_\_

INSTITUTION OR BUSINESS \_\_\_\_\_

1. HOW LONG HAVE YOU KNOWN THE APPLICANT?
2. IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?  
 Teacher or Professor     Employer or Job Supervisor     Research Adviser     Other (Please specify) \_\_\_\_\_
3. PLEASE PROVIDE A CANDID EVALUATION OF THE APPLICANT'S PAST PERFORMANCE AND ABILITY TO PURSUE AND SUCCESSFULLY COMPLETE A PROGRAM OF STUDY IN THE PROPOSED FIELD. Your statement will be given considerable importance by the U.S. universities reviewing this student's application and should, therefore, be as complete and detailed as possible. Your comments should be continued on the following page if more space is required.

NAME OF APPLICANT: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

**CONFIDENTIAL LETTER OF REFERENCE (Continued)**

4. EVALUATION OF APPLICANT (Continued)

5. IN THIS RATING CHART, PLEASE EVALUATE THE APPLICANT IN COMPARISON WITH OTHER STUDENTS WHOM YOU HAVE KNOWN DURING YOUR PROFESSIONAL CAREER.

	Excellent	Very Good	Average	Below Average
Intellectual Ability				
Knowledge of Field				
Work Habits				
Motivation to Pursue Graduate Study				
Seriousness of Purpose				
Potential For Significant Future Contribution in Field				
Resourcefulness and Initiative				
Emotional Maturity				
Adaptability to New Situations				
Leadership Qualities				
Teaching Potential				

NAME (print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*PLEASE RETURN DIRECTLY TO THE SELECTION COMMITTEE IN THE APPLICANT'S COUNTRY OR TO THE CULTURAL AFFAIRS OFFICER OF THE U.S. DIPLOMATIC MISSION IN THE APPLICANT'S COUNTRY. UNDER NO CIRCUMSTANCES SHOULD THE COMPLETED FORM BE RETURNED TO THE APPLICANT.*

**NOTE: IIE cannot guarantee this letter's confidentiality once it becomes part of a university's records.**



**FULBRIGHT PROGRAM**  
**APPLICATION FOR STUDY IN THE UNITED STATES**  
**FOR A FELLOWSHIP, SCHOLARSHIP, ASSISTANTSHIP OR OTHER EDUCATIONAL GRANT**

**CONFIDENTIAL LETTER OF REFERENCE**

This letter of reference must be written by a teacher under whom the applicant has studied or pursued research in the proposed field of study or by someone who has supervised the applicant in work related to the proposed field of study. This letter must be typewritten and in English. If not in English, then an accurate translation must be attached.

NAME OF APPLICANT: _____	COUNTRY: _____
--------------------------	----------------

NAME OF REFEREE: \_\_\_\_\_

TITLE \_\_\_\_\_

INSTITUTION OR BUSINESS \_\_\_\_\_

1. HOW LONG HAVE YOU KNOWN THE APPLICANT?
2. IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?  
 Teacher or Professor     Employer or Job Supervisor     Research Adviser     Other (Please specify) \_\_\_\_\_
3. PLEASE PROVIDE A CANDID EVALUATION OF THE APPLICANT'S PAST PERFORMANCE AND ABILITY TO PURSUE AND SUCCESSFULLY COMPLETE A PROGRAM OF STUDY IN THE PROPOSED FIELD. Your statement will be given considerable importance by the U.S. universities reviewing this student's application and should, therefore, be as complete and detailed as possible. Your comments should be continued on the following page if more space is required.

NAME OF APPLICANT: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

**CONFIDENTIAL LETTER OF REFERENCE (Continued)**

4. EVALUATION OF APPLICANT (Continued)

5. IN THIS RATING CHART, PLEASE EVALUATE THE APPLICANT IN COMPARISON WITH OTHER STUDENTS WHOM YOU HAVE KNOWN DURING YOUR PROFESSIONAL CAREER.

	Excellent	Very Good	Average	Below Average
Intellectual Ability				
Knowledge of Field				
Work Habits				
Motivation to Pursue Graduate Study				
Seriousness of Purpose				
Potential For Significant Future Contribution in Field				
Resourcefulness and Initiative				
Emotional Maturity				
Adaptability to New Situations				
Leadership Qualities				
Teaching Potential				

NAME (print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*PLEASE RETURN DIRECTLY TO THE SELECTION COMMITTEE IN THE APPLICANT'S COUNTRY OR TO THE CULTURAL AFFAIRS OFFICER OF THE U.S. DIPLOMATIC MISSION IN THE APPLICANT'S COUNTRY. UNDER NO CIRCUMSTANCES SHOULD THE COMPLETED FORM BE RETURNED TO THE APPLICANT.*

**NOTE: IIE cannot guarantee this letter's confidentiality once it becomes part of a university's records.**



**FULBRIGHT PROGRAM**  
**APPLICATION FOR STUDY IN THE UNITED STATES**  
**FOR A FELLOWSHIP, SCHOLARSHIP, ASSISTANTSHIP OR OTHER EDUCATIONAL GRANT**

**CONFIDENTIAL LETTER OF REFERENCE**

This letter of reference must be written by a teacher under whom the applicant has studied or pursued research in the proposed field of study or by someone who has supervised the applicant in work related to the proposed field of study. This letter must be typewritten and in English. If not in English, then an accurate translation must be attached.

NAME OF APPLICANT: _____	COUNTRY: _____
--------------------------	----------------

NAME OF REFEREE: \_\_\_\_\_

TITLE \_\_\_\_\_

INSTITUTION OR BUSINESS \_\_\_\_\_

1. HOW LONG HAVE YOU KNOWN THE APPLICANT?
2. IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?  
 Teacher or Professor     Employer or Job Supervisor     Research Adviser     Other (Please specify) \_\_\_\_\_
3. PLEASE PROVIDE A CANDID EVALUATION OF THE APPLICANT'S PAST PERFORMANCE AND ABILITY TO PURSUE AND SUCCESSFULLY COMPLETE A PROGRAM OF STUDY IN THE PROPOSED FIELD. Your statement will be given considerable importance by the U.S. universities reviewing this student's application and should, therefore, be as complete and detailed as possible. Your comments should be continued on the following page if more space is required.



NAME OF APPLICANT: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

**CONFIDENTIAL LETTER OF REFERENCE (Continued)**

4. EVALUATION OF APPLICANT (Continued)

5. IN THIS RATING CHART, PLEASE EVALUATE THE APPLICANT IN COMPARISON WITH OTHER STUDENTS WHOM YOU HAVE KNOWN DURING YOUR PROFESSIONAL CAREER.

	Excellent	Very Good	Average	Below Average
Intellectual Ability				
Knowledge of Field				
Work Habits				
Motivation to Pursue Graduate Study				
Seriousness of Purpose				
Potential For Significant Future Contribution in Field				
Resourcefulness and Initiative				
Emotional Maturity				
Adaptability to New Situations				
Leadership Qualities				
Teaching Potential				

NAME (print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*PLEASE RETURN DIRECTLY TO THE SELECTION COMMITTEE IN THE APPLICANT'S COUNTRY OR TO THE CULTURAL AFFAIRS OFFICER OF THE U.S. DIPLOMATIC MISSION IN THE APPLICANT'S COUNTRY. UNDER NO CIRCUMSTANCES SHOULD THE COMPLETED FORM BE RETURNED TO THE APPLICANT.*

**NOTE: IIE cannot guarantee this letter's confidentiality once it becomes part of a university's records.**



**FULBRIGHT PROGRAM**  
**APPLICATION FOR STUDY IN THE UNITED STATES**  
**FOR A FELLOWSHIP, SCHOLARSHIP, ASSISTANTSHIP OR OTHER EDUCATIONAL GRANT**

**CONFIDENTIAL LETTER OF REFERENCE**

This letter of reference must be written by a teacher under whom the applicant has studied or pursued research in the proposed field of study or by someone who has supervised the applicant in work related to the proposed field of study. This letter must be typewritten and in English. If not in English, then an accurate translation must be attached.

NAME OF APPLICANT: _____	COUNTRY: _____
--------------------------	----------------

NAME OF REFEREE: \_\_\_\_\_

TITLE \_\_\_\_\_

INSTITUTION OR BUSINESS \_\_\_\_\_

1. HOW LONG HAVE YOU KNOWN THE APPLICANT?
2. IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?  
 Teacher or Professor     Employer or Job Supervisor     Research Adviser     Other (Please specify) \_\_\_\_\_
3. PLEASE PROVIDE A CANDID EVALUATION OF THE APPLICANT'S PAST PERFORMANCE AND ABILITY TO PURSUE AND SUCCESSFULLY COMPLETE A PROGRAM OF STUDY IN THE PROPOSED FIELD. Your statement will be given considerable importance by the U.S. universities reviewing this student's application and should, therefore, be as complete and detailed as possible. Your comments should be continued on the following page if more space is required.

NAME OF APPLICANT: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

**CONFIDENTIAL LETTER OF REFERENCE (Continued)**

4. EVALUATION OF APPLICANT (Continued)

5. IN THIS RATING CHART, PLEASE EVALUATE THE APPLICANT IN COMPARISON WITH OTHER STUDENTS WHOM YOU HAVE KNOWN DURING YOUR PROFESSIONAL CAREER.

	Excellent	Very Good	Average	Below Average
Intellectual Ability				
Knowledge of Field				
Work Habits				
Motivation to Pursue Graduate Study				
Seriousness of Purpose				
Potential For Significant Future Contribution in Field				
Resourcefulness and Initiative				
Emotional Maturity				
Adaptability to New Situations				
Leadership Qualities				
Teaching Potential				

NAME (print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*PLEASE RETURN DIRECTLY TO THE SELECTION COMMITTEE IN THE APPLICANT'S COUNTRY OR TO THE CULTURAL AFFAIRS OFFICER OF THE U.S. DIPLOMATIC MISSION IN THE APPLICANT'S COUNTRY. UNDER NO CIRCUMSTANCES SHOULD THE COMPLETED FORM BE RETURNED TO THE APPLICANT.*

**NOTE: IIE cannot guarantee this letter's confidentiality once it becomes part of a university's records.**

# STUDENT INFORMATION CARD



## DEMOGRAPHICS

1. NAME <input type="checkbox"/> MR. <input type="checkbox"/> MS.  _____ (FAMILY NAME)      _____ (FIRST)      _____ (MIDDLE)	2. DATE OF BIRTH <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">MONTH</th> <th style="width: 33%;">DAY</th> <th style="width: 33%;">YEAR</th> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table>	MONTH	DAY	YEAR				3. MARITAL STATUS  _____	4. COUNTRY OF CITIZENSHIP  _____
MONTH	DAY	YEAR							
5. PERMANENT ADDRESS  _____ (STREET)  _____ (CITY)      _____ (PROVINCE/STATE)      _____ (COUNTRY)  _____ (Telephone)      _____ (E-mail)	6. PRESENT POSITION OR AFFILIATION  _____  _____  _____								
7. INSTITUTIONS ATTENDED  _____ DATES ATTENDED  _____  _____		DEGREE, DIPLOMA, ETC.  _____  _____	DATE RECEIVED OR EXPECTED  _____  _____						

## DEGREE OBJECTIVE

STUDENT ID	PRIORITY#	PROGRAM #/DESIGNATION	TAX CODE	PERSONAL FUNDS
FIELD	DEGREE	PROG. ADMIN.	PLACEMENT ADMIN.	
SPECIALIZATION				

## SUBMISSIONS

SEND BY	CODE	INSTITUTION	DEPARTMENT/DIVISION	MAJOR DEGREE	SENT	RESULT

PLACEMENT INSTITUTION  _____  _____
---

INSTITUTIONS REQUESTED  <table style="width: 100%;"> <tr> <td style="width: 50%;">UNIVERSITY</td> <td style="width: 50%;">DEPARTMENT</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	UNIVERSITY	DEPARTMENT	_____	_____	_____	_____	_____	_____	<table style="width: 100%;"> <tr> <td style="width: 50%;">UNIVERSITY</td> <td style="width: 50%;">DEPARTMENT</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	UNIVERSITY	DEPARTMENT	_____	_____	_____	_____	_____	_____
UNIVERSITY	DEPARTMENT																
_____	_____																
_____	_____																
_____	_____																
UNIVERSITY	DEPARTMENT																
_____	_____																
_____	_____																
_____	_____																

## IIE NOTES

ENGLISH TRAINING <input type="checkbox"/> YES <input type="checkbox"/> NO    DATE AVAILABLE:	MISSING DOCUMENTS:  _____  _____
ASSIGNMENT:                      REP DATE:	

TOEFL _____ / _____	GRE _____ / _____
TSE _____ / _____ TWE _____ / _____	GMAT _____ / _____
OTHER _____ / _____	OTHER _____ / _____

### EVALUATION & COMMENTS

ENGLISH TERMS SENT:                      ACADEMIC TERMS SENT:                      FILE TO RO

**FULBRIGHT PROGRAM**  
**APPLICATION FOR STUDY IN THE UNITED STATES**  
**AND FOR A FELLOWSHIP, SCHOLARSHIP, ASSISTANTSHIP OR OTHER EDUCATIONAL GRANT**

---

---

## MEDICAL HISTORY AND EXAMINATION FORM INSTRUCTIONS

---

---

Having been selected to receive a Fulbright grant, the submission of a completed *Medical History and Examination Form* is a required part of the grant process. The attached form should be completed and returned to the Fulbright Commission or the Public Affairs Section of the U.S Embassy in your country.

You should complete the *Medical History* portion of the form (Part IóItems 1 to 10) prior to the medical examination. The *Physical Examination Form* (Part IIóItems 1 to 14) must be completed by a qualified, licensed physician.

The Embassy, Fulbright Commission/Foundation, or AID Mission may be able to provide you with a list of English speaking physicians.

Before you complete the *Medical History* questionnaire, please note:

THE UNITED STATES DEPARTMENT OF STATE DOES NOT PROVIDE  
MEDICAL INSURANCE FOR DEPENDENTS WHO ACCOMPANY GRANTEEES.  
GRANTEEES SHOULD PURCHASE PRIVATE MEDICAL INSURANCE FOR  
DEPENDENTS.

THE UNITED STATES DEPARTMENT OF STATE MEDICAL INSURANCE DOES  
NOT COVER TREATMENT FOR A MEDICAL CONDITION FOR WHICH  
TREATMENT HAS BEEN RENDERED OR RECOMMENDED PRIOR TO THE  
EFFECTIVE DATE OF ENROLLMENT IN THE AGENCYÍS INSURANCE  
PROGRAM.

THE UNITED STATES DEPARTMENT OF STATE MEDICAL INSURANCE  
COVERS ONLY THE GRANT PERIOD AND APPROVED EXTENSIONS.  
EXCHANGE PARTICIPANTS WHO REMAIN IN THE U.S. AFTER EXPIRATION  
OF THESE PERIODS FOR ADDITIONAL WEEKS OR MONTHS SHOULD  
CONTINUE COVERAGE AT THEIR OWN EXPENSE.

# MEDICAL HISTORY AND EXAMINATION FORM

## I. MEDICAL HISTORY

*MEDICAL HISTORY MUST BE COMPLETED BY THE APPLICANT IN ENGLISH AND SIGNED BEFORE VISITING THE EXAMINING PHYSICIAN  
PLEASE TYPE OR PRINT IN INK*

1. NAME: \_\_\_\_\_  
*Last*
*First*
*Other*

2. DATE OF BIRTH: \_\_\_\_\_ 3. SEX:  Male  Female  
*Month/Day/Year*

4. PLACE OF ORIGIN OR PERMANENT RESIDENCE: \_\_\_\_\_  
*City*
*Country*

5. PRESENT ADDRESS: \_\_\_\_\_  
*Home or Residence*
*City*
*Country*

6. GRANT LOCATION: \_\_\_\_\_ 7. DATES: \_\_\_\_\_  
*(If known)*
*University/City/State*
*From*
*To*

8. Indicate 'YES' or 'NO'. 'YES' answers MUST be explained in the space provided. (Additional space available on Page 2 of this form.)

	YES	NO	EXPLANATION
(a) Have you ever had any significant or serious illness(es) or injuries? (State nature of problems/places/dates.)			
(b) Have you ever had any operations or been advised by a physician to have an operation? (Describe and give places/dates.)			
(c) Have you ever been a patient in a mental hospital or sanitarium or treated by a psychiatrist? (Give places/dates.)			
(d) Do you currently take medication for treatment of a medical condition (list name/dose) or do you require the use of a medical device?			

9. Do you now have or have you ever had any of the conditions listed below? (Check 'YES' or 'NO' for each item.)

CHECK EACH ITEM	YES	NO	CHECK EACH ITEM	YES	NO
(a) Epilepsy, convulsions, fits.			(m) Tropical diseases (malaria, bilharzia, amoebiasis, leprosy, filariasis, yaws, etc.).		
(b) Eye disease, vision defect in one or both eyes.					
(c) Tooth or gum disease (periodontal disease).			(n) Depression, anxiety, attempted suicide or other psychological symptoms.		
(d) Asthma, emphysema, or other lung conditions.					
(e) Tuberculosis or exposure to tuberculosis.			(o) Drug or narcotic habit such as marijuana, cocaine, heroin, LSD, or any derivatives.		
(f) High/low blood pressure, heart disease.					
(g) Stomach, liver (hepatitis), gallbladder disease.			(p) Bleeding disorder, blood disease, sickle cell anemia.		
(h) Hernia (rupture)/Genito-Urinary/Rectal Disorder.			(q) Tumor, abnormal growth, cyst, or cancer.		
(i) Kidney or bladder condition, stone or blood.			(r) Skin disorder growths psoriasis.		
(j) Diabetes, sugar in the urine.			(s) Gynecological disease/abnormal menses.		
(k) Joint disease or injury, swollen or painful joints.			(t) Hearing impairment.		
(l) Back pain, or spinal condition, use of back brace.					

10. If you answered 'YES' to any item in Question 9, please explain in detail (include dates of occurrence, treatment, and outcome):

# MEDICAL HISTORY AND EXAMINATION FORM

Questions 8 and/or 10 (Continued):

11. Name two individuals who could be notified in case of emergency (one in the United States and one in your home country).

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

12. I certify that I have reviewed the foregoing information supplied by me, and that it is true and complete to the best of my knowledge. In the event of a serious illness or medical emergency during the grant activity, I authorize release of my medical records to the United States Department of State or its designated contractual agency.

I understand that if any of this information is found to be substantially inaccurate or incomplete, it may be grounds for termination of my grant and my return home.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# MEDICAL HISTORY AND EXAMINATION FORM

## II. PHYSICAL EXAMINATION FORM

*THIS PHYSICAL EXAMINATION FORM MUST BE COMPLETED IN ENGLISH BY A DESIGNATED AND QUALIFIED PHYSICIAN AFTER REVIEWING THE EXAMINEE'S MEDICAL HISTORY (PART I), CONDUCTING A PHYSICAL EXAMINATION, AND ASSESSING LABORATORY AND X-RAY RESULTS. THE EXAMINING PHYSICIAN MUST COMMENT ON ALL POSITIVE AND/OR SIGNIFICANT FINDINGS AND SIGN WHERE INDICATED.*

**PLEASE TYPE OR PRINT IN INK**

1. APPLICANT'S NAME: \_\_\_\_\_  
*Last*
*First*
*Other*

2. HEIGHT: \_\_\_\_\_ *in or cm*      3. WEIGHT: \_\_\_\_\_ *lb or kg*      4. CORRECTED VISION: 20: \_\_\_\_\_ 20: \_\_\_\_\_  
*Left*
*Right*

5. BLOOD PRESSURE: \_\_\_\_\_ *syst./diast.*      6. PULSE RATE: \_\_\_\_\_  
*Circle whether regular or irregular*

7. URINALYSIS: \_\_\_\_\_  
*Sugar*
*Albumin*
*Microscopic examination*

8. ELECTROCARDIOGRAM REPORT (If indicated by history or physical examination):

9. BLOOD SEROLOGY TEST FOR SYPHILIS:      Test Used: \_\_\_\_\_       Pos     Neg

10. A SKIN TEST FOR TUBERCULOSIS IS REQUIRED OF ALL APPLICANTS UNLESS A BCG VACCINATION HAS BEEN GIVEN RECENTLY. If vaccinated and a PPD skin test is contraindicated, a chest X-Ray is required to rule out active tuberculosis.

Tuberculin Skin Test:      PPD Test: \_\_\_\_\_       Pos     Neg  
 BCG Vaccine Given:       No     Yes    Date of Series: \_\_\_\_\_  
 Date and Result of Chest X-Ray: \_\_\_\_\_

11. CLINICAL EVALUATION: (Please provide an answer to each item. Abnormal findings must be fully explained in the space provided.)

	NORMAL	ABNORMAL	DESCRIBE ABNORMAL FINDINGS
(a) Head, Nose, Mouth.			
(b) Ears, Hearing Acuity.			
(c) Eyes, Visual Acuity.			
(d) Lungs and Chest/Breast.			
(e) Heart, Rhythm and Sounds.			
(f) Vascular System.			
(g) Abdomen, Hernia, etc.			
(h) Rectum/Prostate, Hemorrhoids, Fistula.			
(i) Urinary System.			
(j) Spine and Extremities.			
(k) Skin, Lymph Nodes, Scars.			
(l) Neurological System/Reflexes.			
(m) Emotional Stability.			

12. THE PHYSICIAN MUST COMMENT ON ALL ITEMS MARKED 'YES' IN THE *MEDICAL HISTORY* (PART I) AND COMMENT ON ANY CONDITION DISCOVERED DURING THE EXAMINATION.

13. PHYSICIAN'S SUMMARY STATEMENT AND DIAGNOSIS:



# MEDICAL HISTORY AND EXAMINATION FORM

## 14. IMMUNIZATION REQUIREMENTS

The applicant is responsible for obtaining the required immunizations for entry into the United States. The *WHO International Certificate of Vaccination* is the proper document for recording immunizations or vaccinations. Universities require proof of immunization against the following diseases:

### MEASLES (Rubeola)

Date of Live Immunization: \_\_\_\_\_

or Date of Disease: \_\_\_\_\_

### RUBELLA

Date of Immunization: \_\_\_\_\_

or Date of Rubella Titer: \_\_\_\_\_

**NOTE: HISTORY OF DISEASE IS NOT ACCEPTABLE PROOF OF IMMUNITY TO RUBELLA.**

RESULTS: \_\_\_\_\_

### POLIO

Date series completed, type: \_\_\_\_\_

### MUMPS

Date of Immunization: \_\_\_\_\_

### DIPHTHERIA (DPT), Whooping Cough, Tetanus

Date series completed: \_\_\_\_\_

TETANUS BOOSTER (Most Recent): \_\_\_\_\_

I have completed my physical examination to the best of my knowledge and have reviewed the applicant's medical history, laboratory evaluations, tuberculin skin tests, and immunization record. I certify that the applicant is free of active tuberculosis, and any other contagious diseases.

It is my opinion that the applicant's physical and emotional condition is satisfactory for a full course of study, research, or lecturing in an academic environment and that there are no limitations on activity or special assistance expected for the duration of the grant period proposed.

YES       NO

SIGNATURE: \_\_\_\_\_ NAME OF PHYSICIAN (printed): \_\_\_\_\_

DATE: \_\_\_\_\_ COUNTRY WHERE LICENSED: \_\_\_\_\_ NUMBER: \_\_\_\_\_

ADDRESS OF PHYSICIAN: \_\_\_\_\_

### **FOR REVIEWING AUTHORITY USE ONLY:**

The applicant's history, physical examination results, and examining physician's opinion have been reviewed and are found to be **complete/incomplete** and **meet the standards/do not meet the standards** for the proposed academic grant.

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_