

REQUEST FORM FOR A U.S. FULBRIGHT SPECIALIST

To be completed by prospective Moroccan host institutions

INTRODUCTION

Moroccan academic institutions seeking a Fulbright Specialist (FS) must fill out this form. Please return it, completed, to Ms. Ikram Boukhari at: i.boukhari@fulbright.ma

or

MACECE at 7, Rue d'Agadir, Rabat, 10010.

Your program request is most effective if:

- A. You give careful attention to the **Program Description** and the **Purpose of the Program** (see 2 and 6 below) by providing adequate details about the scope of the work of the proposed Specialist.
- B. You give us an adequate lead time to recruit a Specialist who best fits your request. We need at least five months' lead time to recruit a Specialist before the requested start date. If you already have a scholar identified for your proposal, the time needed may be less. If the scholar is not already on the roster of eligible scholars, the scholar must apply to get on the list following instructions available at:
<https://fulbrightspecialist.worldlearning.org>
- C. You build flexibility into the time frame of the proposed project so that the on-going schedules of potential Fulbright Specialists candidates can be accommodated.
- D. You have carefully read world Learning Website concerning the Senior Specialist program and have learned about the goals of the program and understood its general outline. <https://fulbrightspecialist.worldlearning.org>

1. CONTACTS OF THE APPLYING INSTITUTION

1.1. HOST INSTITUTION: DEPARTMENT/FACULTY/INSTITUTE

Institution Name:

Mailing Address:

Phone:

Fax:

Email & web addresses:

1.2. PRIMARY CONTACT:

Name:

Name of Department:

Phone/Fax:

Cell phone:

Email:

1.3. SECONDARY CONTACT:

Name:

Name of Department:

Phone/Fax:

Cell phone:

Email:

2. PROJECT DETAILS

- 2.1. Title of Project (Limit of 40 characters)
- 2.2. What Academic field of study does this project concern?
- 2.3. Within what department of your institution will the project take place?
- 2.4. If this is an interdisciplinary or inter-departmental request, are there other disciplines or departments involved?
- 2.5. What are the primary objectives that you aim to achieve with the Fulbright specialist? Please add as many objectives as appropriate.

Objective 1:

Objective 2:

Objective 3:

3. TYPE OF ACTIVITY PLANNED

The Fulbright Specialist Program does not include funding for research. Choose as many of the objectives below as are applicable.

- Present lectures at the graduate and undergraduate levels
- Participate in or lead seminars or workshops
- Conduct needs assessments, surveys, institutional or program research
- Take part in specialized academic programs and conferences
- Consult with administrators and instructors of post-secondary institutions on faculty development
- Develop and/or assess academic curricula or educational materials
- Conduct teacher-training programs
- Other: Please describe:

4. SCOPE OF WORK: * (2,500 characters)

Please outline the type of and scope of work that the specialist will engage in. The type and scope of work that the specialist would engage in should include what specific activities the specialist would be doing, the extent and level of the activities.

5. AUDIENCE: * (1,000 characters)

One way of determining the level of grantee expertise needed for a program is to know with whom he/she will be working e.g. undergraduate students, faculty, etc. Please describe.

6. PROGRAM PURPOSE: (2,500 characters)

Describe the program's objectives and tell us about the reasons for your request. How has this request come about and why the project is necessary and important?

7. IMPACT OF THE PROJECT: (2,500 characters)

6.1. Comment on the project's potential impact on your institution:

6.2. Describe the project's potential for developing linkages between your institution & the specialists home institution: * (2,500 characters)

7. PROGRAM LENGTH:

A Senior Specialist grant may be funded for anywhere between 14 and 42 days, including travel days, weekends, and holidays. Please specify:

- 7.1. Preferred visit length (number of days):
- 7.2. Preferred Start Date for the Fulbright Specialist:
- 7.3. Preferred End Date for the Fulbright Specialist

If you are requesting a serial project, please explain the necessity for multiple visits. Please note that a Multi-visit project cannot include more than three (3) visits in total, and all visits must not exceed six weeks (42 days) in total. (1,000 characters)

8. DESCRIPTION OF THE SPECIALIST:

- 8.1. If you have a specific individual in mind, please identify that person, with contact details and affiliations. In addition, tell us how it is that you know this person and what qualifications they have.

- 8.2. What level of academic degree are you looking for in the Specialist?
(M.A., Ph.D.)
- 8.3. Do you seek a Specialist with a minimum number of years of teaching experience? If so, how many?
- 8.4. What are the language requirements for the Specialist?

9. LOGISTICAL ARRANGEMENTS FOR THE SPECIALIST AND COST-SHARE

This is a very important component of the Fulbright Specialist grant. We ask host institutions to cover, at least in part, the Specialist's lodging, meals, or in-country travel. Potential host institutions must make a sign of good faith in cost-sharing in order for their request to be considered.

Primary Point of Contact for all Cost-Share Arrangements.

- 9.1. Title & Name:
- 9.2. Phone:
- 9.3. Email:

10. LODGING ARRANGEMENTS.

Outline what housing arrangements your institution can provide for the Specialist:

Please enter the following information:

- Name of the proposed lodging accommodation
- Type
- Address
- Housing is available from..... (Date) to (Date)

II. IN-COUNTRY TRANSPORTATION.

Can your institution cover local travel costs for the Specialist in Morocco? How? The arrangements should include pick-up and drop-off from the airport, transit to and from the specialist's lodging and project site, as well as other daily travel.

12. MEALS ARRANGEMENTS

Can your institution cover meals for the Specialist? Describe arrangements for coverage of meals. If in-kind coverage of cost-share, please describe. If monies will be paid directly to the grantee, please indicate the amount.

13. DETAILS OF THE OFFICIAL SIGNING THE FORM:

Name:

Designation:

Contact Address:

(Signature of the Official and Official Stamp)

Incomplete forms and forms without the signature and stamp of the competent authority of the institute/university will not be considered for the competition.