**2017-2018 Academic Year**

*You are approving the appointment of a Fulbright Grantee. Please read this form carefully and, upon completion, send the signed and filled copy to Aleksandra Matuszewska, Program Officer responsible for the ETA Program to Poland (*[***aleksandra.matuszewska@fulbright.edu.pl***](mailto:aleksandra.matuszewska@fulbright.edu.pl)*) by* ***28 March 2017.***

*Under the subject line please enter:* ***“Approval\_Fulbright ETA”***

*Please note that by submitting this document you commit to host a Fulbright grantee on conditions specified below. Fulbright Commission will sign contracts with the finalists of the competition based on the stipulations of this Approval Form.*

|  |  |
| --- | --- |
| Your preferred subject fields: |  |

**Dates of academic terms and holidays at your Institution in 2017/2018:**

|  |
| --- |
|  |

**Dates of important public events at your institution planned for 2017/2018:**

|  |
| --- |
|  |

# **Institution hosting the Fulbright ETA**

# **INSTITUTIONAL INFORMATION**

|  |  |
| --- | --- |
| Host institution: |  |
| Host department 1: |  |
| Host department 2: |  |
| Host department address: |  |
| Mailing address: |  |

Administrative official formally responsible for Fulbright ETA:

|  |  |
| --- | --- |
| Name and surname: |  |
| E-mail address: |  |
| Telephone: |  |

Department and department head:

|  |  |
| --- | --- |
| Name and surname: |  |
| E-mail address: |  |
| Telephone: |  |

Appointed faculty associate (shepherd) assisting the Fulbright ETA with professional and personal questions:

|  |  |
| --- | --- |
| Name and surname: |  |
| E-mail address: |  |
| Telephone: |  |
| Proposed courses for ETA to assist/co-teach: |  |

INSTRUCTIONAL ENVIRONMENT\*

|  |  |  |
| --- | --- | --- |
| Hours per week:   1. Teaching hours 2. Office hours\*\* | --------  -------- | --*-*-----  -------- |

\*The acceptable workload for the Fulbright ETA is up to 20 teaching hours per week.

One teaching hour =45 min

\*\* Office hours up to 4 hours per week.

**ADMINISTRATIVE SUPPORT**

Availability of:

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Shared office space: | ☐ | ☐ |
| Free of charge Internet access: | ☐ | ☐ |
| Use if office computer facilities: | ☐ | ☐ |
| Copier/printer for class materials: | ☐ | ☐ |

**HOUSING ARRANGEMENTS**

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| 1. University housing (Dom Asystenta): | ☐ | ☐ |
| 1. University housing on campus (pokoje dla wykładowców w akademiku): | ☐ | ☐ |
| 1. Rented apartment: | ☐ | ☐ |

Additional comments:

|  |
| --- |
|  |

**OTHER FORMS OF SUPPORT PROVIDED TO ETA:**

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Free of charge Polish language course | ☐ | ☐ |
| Provision of a monthly public transport pass | ☐ | ☐ |
| Participation of the ETA in events organized by the host institution (conferences, seminars, meetings) | ☐ | ☐ |
| Free of charge participation of the ETA in events organized for international students | ☐ | ☐ |
| Other forms of support provided to the ETA | ☐ | ☐ |

Form completed by:

|  |  |
| --- | --- |
| Name: |  |
| Title and position at the Institution: |  |
| E-mail address: |  |

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_