



NAME: _____ COUNTRY: _____

Signature Form

Instructions:

Please print this form. Carefully read the information and check each box. Print and sign your name and date the form. Forward the completed form to the Fulbright Program Office in your country.

By my signature,

- ☐ I certify that the information given in this application is true, correct, and complete to the best of my knowledge.
- ☐ I understand that any misrepresentation or omission of information may be cause for disqualification.
- ☐ I understand that my application and supporting documentation will be reviewed by representatives in various offices, including the Fulbright Program Office through which I applied and its designated administrative agency, the Bureau of Educational and Cultural Affairs/U.S. Department of State, and the J. William Fulbright Foreign Scholarship Board.
- ☐ I understand that I am not entitled to hold, nor do I hold, U.S. citizenship or permanent residence.
- ☐ I understand that formal award of a grant is dependent upon my acceptance to a U.S. institution for study and my eligibility for a visa to the United States.
- ☐ Upon completion of an authorized stay in the United States under the Foreign Fulbright Program, I agree to return to my home country for two (2) years to fulfill my home residency requirement.

Print First Name

Print Last Name

Signature

Date (Month/Day/Year)