



FULBRIGHT Australia

2020 Australian

Scholar Handbook

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Glossary

You	The Scholar
Scholar/Student	In the U.S. postgraduate awardees are referred to as 'Students', while all other award categories are referred to as 'Scholars'. In this document and all forms for Australian awardees, we refer to everyone as Scholars
Scholarship Agreement	In the U.S. your Scholarship Agreement will be referred to as a 'Grant Document'. Your Scholarship Agreement is the formal contract a scholar signs to accept a scholarship.
Program	Your program (set by your start and end dates, not your travel dates) may be referred to as a Grant or being 'on Grant' while you're in the U.S.
Visiting Scholar Program	In the U.S. this is your formal program name
Visiting Student Program	In the U.S. this is your formal program name if you are a postgraduate scholar
IIE	International Institute of Education. The IIE is our partner in the U.S. who manage aspects of your program including your visa and medical.
U.S. Department of State & Bureau of Educational and Cultural Affairs	Our U.S. counterparts who run the Fulbright program at large (in Australia and over 160 other countries)

About Fulbright

The Fulbright Program is the largest and one of the most prestigious educational exchange programs in the world. Originally established in 1946 through the initiative of U.S. Senator J. William Fulbright and support of the United States Government, the Fulbright Program aims to promote mutual understanding through international educational exchange. Today the Program operates between the United States and over 160 other countries.

The Australian Fulbright Program is in its 71st year. Since 1949 over 2,700 Australians and 2,300 Americans have been awarded a Fulbright Scholarship to study, research and create ongoing partnerships and linkages between the respective countries. The Fulbright Program is also unique as it was established through a bi-national commitment from both countries and supports two-way scholarships between the United States and Australia.

The Prime Minister of Australia and the U.S. Ambassador to Australia are the Honorary Co-Chairs of the Australian-American Fulbright Commission. The Fulbright Commission is governed by a Board of Directors composed of five Australians appointed annually by the Minister for Education under the delegated authority of the Prime Minister, and five Americans appointed by the American Ambassador.

A Fulbright experience provides scholars the opportunity to work with leaders in their field, while building international collaborations and partnerships that last a lifetime. Fulbright scholars also have the opportunity to connect with leading government, business and university representatives, and a distinguished Fulbright Alumni network.

Fulbright & You

The aim of the Fulbright Program is to generate mutual understanding between Australians and Americans through educational and cultural exchange opportunities. For all Fulbright scholars and students this exchange takes place through research or study. The Australian-American Fulbright Commission will encourage and support your fulfilment of this exchange during your program in the U.S.

We will work with you to keep the sponsors of the Fulbright Program (the U.S. and Australian Governments as well as our many corporate and university sponsors) informed and appreciative of the outcomes of your studies and research. We will also assist you with your responsibilities promoting educational and cultural exchange and understanding between Australia and the United States.

The Fulbright Network

One of the great benefits of the Fulbright Program is the recognition of its scholarships and associated networks. The Fulbright network in Australia provides connections with leading academic institutions, government organisations, members of the business community and other community representatives. Our Fulbright Alumni are a distinguished network of leaders in a wide range of fields. In addition, we work closely with the Australian government and U.S. Mission in Australia.

Alumni

The network of Alumni in the U.S. can be a valuable resource in your Fulbright experience. In the U.S. the Fulbright Association is a private, non-profit membership organization of Fulbright Program alumni and friends. The Association is dedicated to promoting the flagship program for international educational and cultural exchange, enriching the experiences of visiting Fulbright students, teachers, and scholars in their host communities throughout the United States, and fostering a global network of Fulbright Alumni.

Program Information

Program Dates

- 'Program Dates' are the start and finish dates that you will be doing your proposed program, think of these dates as your contracted period of attendance (not your travel dates).
- You must start and be with your host on the start date. If circumstances change and you need to start at a later date, please let the Scholarship Team know ASAP as this will affect your visa if you arrive in the country after this time.
- Your host which is stated in your agreement is where you should be for the entire time allocated as stipulated in your Fulbright agreement. Small trips to other hosts are permissible after informing the Scholarship Team of your travels.
- Your program start date is similar to your first day of work; weekends and public holidays are not included.
- Your visa dates (and subsequent paperwork timelines) are set on these program dates. Once nominated they cannot be changed.
- Scholars can start their program from 1 July 2020 to the 30 June 2021. You can complete your program after this time.
- Postgrad students must start their program in either the U.S. 2020 fall (July/August) or spring 2021 session (January).
- It is recommended that you plan your program when your U.S. colleagues are more likely to be available. Scholars are unable to commence their programs in December or the first two weeks of January due to the holiday season.
- If you choose to start your program in July/August 2020 you will need to be very prompt with your paperwork and response times to ensure enough time for visa processing.

Program Communications

The scholarship team and Commission at large can only communicate with the Scholar directly – not via assistants or family members. This is for privacy reasons and consistency of information and instruction. Should your family member/s be applying for J2 visas the scholarship team can facilitate a conference call or include them in emails at your request.

The preferred form of communication throughout your program is email rather than calling the office, this is to enable the exchange of attachments and written policies to assist you with your enquiry.

The scholarship team provides and requests status updates throughout your administrative process and program – your timely response to these emails is a condition of your engagement as a scholar, and ensures visa processing, reporting and financial timeliness.

Program paperwork and forms should be completed in full and submitted in a timely manner via email and the portal – no paperwork should be submitted in hardcopy unless specified otherwise.

All documentation must be scanned (in colour) and uploaded in PDF/JPEG/PNG format.

Required Items

The following items are required for your DS2019 (first step of obtaining a J1 visa):

- **Host letter of invitation** (provided by your host) for research students and scholars only, Coursework students must provide a letter of enrolment.
- **Scholarship Agreement** (provided by the Commission)
- **IIE Terms and Conditions + Terms of Appointment** (Postgraduates only & provided by IIE)
- **Clinical Disclaimer** (if applicable and provided by IIE)
- **Passport** - bio data page, clear color scan and will still be valid six months from your return date
- **J2 passport/s** for any accompanying eligible dependents if applicable and will still be valid six months from return date
- **Medical** - *can be completed no more than 6 months before program start date* (provided by the Commission for you to complete)
- **Financial** – only required by scholars if you are bringing J2 dependents with you or **for students who require proof of finances to show they can support themselves for the time they are in the U.S.** *can be completed no more than 3 months before program start date* (provided by the Commission for you to complete)

More information on these items:

Host Letter of Invitation (LOI) (Stage 3)

- Your LOI must be typed on a formal letterhead with a signature from your host department/faculty and reflect your exact program dates.
- The only exception to this is postgraduate coursework students (e.g. Master's) - a letter of enrolment confirming you will be commencing studies should be submitted.
- An example of a suitable Letter of Invitation is attached to this document.

Scholarship Agreement (Stage 4)

- Your agreement will be created once you nominate your program start and end dates and provide a host letter of invitation (LOI) that includes these specific dates.
- Your agreement outlines the legally binding terms and conditions of your scholarship, requiring you to read and sign to confirm your scholarship engagement for the program period. Please check that all your details are correct.
- You should print and keep a copy of this document with you during your travels as formal acknowledgement of your status as a Fulbright Scholar.

Medical Clearance (Stage 5)

The Medical form cannot be completed more than 6 months prior to your Program Start Date.

- The medical form provided is a Department of State issued document used internationally for J1 visa applicants.

- Please do as soon as you get within the six-month period, as they take time to set up and for test results to be sent back. (TB test takes at least a week to be returned and even if you have had one done in the past year, you will require another one)
- All sections (including the TB testing section) must be filled out for the form to be deemed valid (except for the medical proxy and health insurance details sections, these are optional).
- For the Emergency Contact Details section please nominate two people that will **not** be travelling with you – preferably one in Australia and one in the U.S. Ensure you include the full international dialing codes for their phone numbers.
- Based on your medical history, the Department of State doctor may approve your clearance but instruct you to consult/meet/check in with your local GP at your program location upon arrival – you must abide by these terms.
- Failure to complete this form will jeopardize your application as it is necessary requirement in obtaining your visa.
- Submit the form and any supporting documents in *one pdf document* via email to the scholarship team.
- An example of this Medical Clearance form is attached to this document.
- Fulbright does not cover any expenses related to completing your medical.

Financial Verification (Stage 6)

The Financial Verification Form cannot be completed more than 3 months prior to your Program Start Date

- Financial Verification is to show that you have the necessary finances to support any accompanying J2s for the duration of your program (a visa requirement).
- Please ensure the form is completed in full and any supporting documents are attached.
- In the supporting documents, please circle/highlight the financial amount you are referring to and write which funding source it is for e.g. “Personal funds”.
- Submit the form and any supporting documents in *one pdf document* via email or upload to the scholarship team.
- An example of this Financial Verification form is attached to this document.

Overview of J1 Visa Process

1. The required items are submitted by the scholarship team to IIE for processing.
2. The wait time varies dependent upon the time of year; please be patient, you will be contacted with any updates. (June to September is extremely busy so be prepared for some delay if your forms are not submitted in time)
3. For Scholars only - IIE contacts your host institution to confirm your program details with an Institutional Response Form (IRF).
4. For Students only- All information that has been submitted is collated into a confirmation sheet (TOA) This is sent to you to check that all information is correct. We send this back to IIE.
5. IIE will then create your **DS-2019**

6. Once created, we will send you your SEVIS No and Visa Interview Instructions to complete a **DS-160** online for yourself and any J2 applicants, to book an appointment with your nearest U.S. Consulate (Sydney, Melbourne or Perth). Please keep in mind that the paperwork needs to arrive from the U.S. and forwarded from our office, so please allow seven working days for delivery of papers to arrive for you to take to your appointment.
7. IIE posts the DS-2019 to the Commission
8. The Commission posts the DS-2019 to your nominated postal address via a courier. We will email to confirm the papers have arrived and are on their way to you with the tracking number.
9. Go to the Consulate at the appointed time (with any J2's over 14 years of age)
10. The Consulate posts your passport/s back to you (containing your **J1 Visa**)
11. When returned, please send the scholarship team a colour scan of your J1 visa in your passport

J2 Requirements (if applicable)

If you intend to apply for a J2 visa for your eligible dependent/s please ensure you have these items ready:

- **Their passport/s** to be sent to scholarship team
- **Marriage certificate** will be required for consulate interview (for your married spouse)
- **Their birth certificate** will be required for consulate interview (for your eligible child/ren)

Grace Periods

The academic exchange visa (J1) allows you to enter the country up to 30 days prior to your program start date and exit up to 30 days after your program end date.

These 30 days are called the 'grace periods', no program work/research may occur during this time – this time is to be used for travelling/settling in/packing up only.

You will not receive a stipend for these periods, only the months of your formal program.

Visa Information

- Scholars must travel on a Fulbright administered J1 visa.
- Scholars must arrive in the U.S. on their J1 Visa before the start date of their program.
- Scholar dependents may travel on a J2 if eligible and preferred, this is not mandatory (see **J2 Visa Information** section).
- Scholar and dependent visas (J1 and J2) are administered by the scholarship team - scholars and host institutions are not required to prepare any visa paperwork.
- Dependents may travel on an ESTA visa if only staying for 90 days.
- Scholars will be advised of and guided through the visa paperwork timeline and requirements in line with their program start date by the scholarship team.
- Upon return to Australia, Fulbright scholars and their J2 dependents are subject to Clause 212e and the 24-month bar. This means upon return to Australia after your program you are ineligible to apply for another J type visa or residency in the U.S. for 2 years from the date of return. This does not prevent

you from returning to the U.S. on the visa waiver program ('visitor visa') or other business visas (B1, B2) or prevent you from immigration/visa engagement with other countries. For more information on this please consult the scholarship team and Department of State websites.

Each individual J visa (scholar J1, and any J2s) will have three documents:

1. **DS2019** - First qualifying step for a J Visa (processed by IIE)
2. **DS160** - Confirmation of eligibility for a J Visa interview (completed online)
3. **J Visa** (received after attending Visa interview at the Consulate)

J1 Visa Information

- The J1 visa is an academic exchange visa that requires a named sponsor (e.g. Fulbright) and allows the individual (Scholar) to undertake a specific supported activity (your approved program of research or study) for a specified and limited period of time (as set by your program dates).
- The J1 visa also allows the individual to apply for working permissions, should the opportunity arise and be approved by the Commission and IIE (mandatory) please contact the scholarship team.
- J1 visa holders may be covered by the **Accident and Sickness Program for Exchanges (ASPE)** which is emergency health cover, up to USD\$100,000 for the Scholar only (your dependents are not covered). You are strongly encouraged to take out personal health and travel insurance for yourself and your dependents for the duration of your program as ASPE does not cover any pre-existing conditions nor is it intended to be comprehensive coverage. Details of ASPE provided insurance coverage may be found at: <https://www.sevencorners.com/gov/usdos> Email: usdosinfo@sevencorners.com
- Phone: 800 461 0430 to call toll free in the U.S. or 317 818 2867 to call collect from outside the U.S. You can find specific information on the ASPE website, in the booklet entitled ASPE Guide. Read through this guide thoroughly before beginning your grant to familiarise yourself with ASPE procedures and benefits and exclusions. Do not wait for a medical emergency to become familiar with ASPE healthcare coverage and procedures!
- ASPE coverage begins and ends according to your program dates but will be discontinued if a grantee travels outside the host country for any non-Fulbright related activity during their grant period. The benefit is valid during travel directly to and from the host country. This includes coverage for any allowed layover of up to 24 hours if the travel time by the most direct route exceeds 14 hours. Therefore, any personal travel before or after the grant period is not covered by ASPE

Please note: Not all universities accept ASPE insurance and may stipulate you need to be covered by their insurance at your expense. Some may accept the ASPE (as above) but you will be required to seek approval. The commission strongly suggests that you take out travel insurance.

- Your J1 visa is issued specifically for your approved program of study/research. You must not undertake activities outside of that approved program without first seeking approval. If you do not seek approval you may forfeit your visa.

J2 Visa Information

- The J2 visa is for eligible dependents of J1 visa holders (see **J2 Visa Suitability Chart**).
- The J2 visa is dependent upon the status of the J1 visa; if the J1 visa is cancelled or altered for any reason then so is the J2 visa.
- The J2 visa requires proof of adequate finances for the duration of the J2's stay in the U.S. (to be provided with your Financial Verification paperwork).
- The J2 visa allows the individual to apply for working permissions in the U.S.
- J2 applicants over 14 years of age are required to attend the U.S. Consulate visa interview with you as the J1 visa applicant.
- All J2 applicants (regardless of whether they attend the visa interview) must have a DS160 completed for them, which is then taken to the visa interview by the J1 (you) as per **Visa Interview Instructions document**.
- The J2 holder cannot enter the U.S. before the J1 holder or exit the U.S. after the J1 holder.

PLEASE NOTE: The Commission will not support any requests for an extension of the visa.

Medications

Bring adequate supplies of prescription medications for any chronic health problems. Although many common prescription medications are available locally, some may not be. In order to have available the medicines with which you are familiar, it is recommended that you bring with you your over-the-counter medication for treating common ailments.

Program Financials

Stipend

Your stipend will be calculated based on your program duration. You will be paid on the first of each month, a payment schedule will be sent before your departure.

Dependent Allowance

- Some scholarships have a dependent allowance, as specified in your Scholarship Agreement, which is a one-off payment (it does not change based on how many dependents you have) to assist with their travel or setup costs.
- To be eligible for this allowance your dependent/s must be with you for 80% or more whilst you are on your program
- The dependent allowance is unrelated to which visa they travel on or whether they are eligible as a J2.
- The dependent allowance will be paid prior to departure on receipt of your dependent's flight itinerary when you email it to the scholarship team.

Travel Allowance

Your travel allowance is for your economy return flights from your hometown to where your host city/town the U.S. See the Fulbright Travel Policy for more information.

Establishment Allowance

Certain scholarships include an establishment allowance to assist with establishing and setting up accommodation. This is a one-off payment that you will receive when your visa has been approved.

Housing Allowance

Some scholarships include a housing allowance to assist with rent costs. These payments will be made at the same time as your stipend.

Conference Travel

Distinguished Chair scholars receive an allowance to attend conferences, lectures etc. whilst overseas. Please speak to your scholarships officer on how to receive this.

Bank Details

The bank details you nominate for all payments must be an Australian bank account, should your bank details change at any point in time please notify the scholarship team.

If your program is longer than a few months you may want to consider opening an American bank account for ease of access to funds, however the Commission is only able to process funds into an Australian bank account.

Other Grants

The Commission's policy on holding other grants/accepting funding is that the funding cannot be a double-up on the type of funding you are accepting from Fulbright, at the time you're accepting it from Fulbright. For example, you cannot receive two international travel allowances.

Please consider the types of funding included for your scholarship type (detailed in your Scholarship Agreement) then contact the scholarship team for discussion before accepting/declining any grants or awards.

Tax & Social Security Number

Upon arrival, you will be provided with a **W4 Tax Form** and **Social Security Number (SSN) Form** (an example of these forms has been provided in this document) to complete for tax regarding funds acquired while in the U.S. As it is free to apply for a SSN, you are encouraged to do so. You are unable to submit/complete these forms until you have arrived, notified your IIE advisor of your arrival and your SEVIS ID has been made 'active'.

Final Payment

A set amount of money as outlined in your Scholarship Agreement will be withheld until your final report is submitted and approved.

Program Travel

We ask that you notify the scholarship team of any travel, including domestic U.S. travel for safety and accountability purposes. Your travel plans may have visa implications so seeking approval for travel or program leave is appreciated. Please see the Program Leave policy and procedure document.

Domestic travel in the U.S. is the scholar's financial responsibility unless it's a connecting flight for your flight home.

International Travel Booking Process

The process for booking your travel to the U.S. and home to Australia is:

1. Read the Travel Policy
2. Email dates flights you prefer with copies of your passport/s, you prefer to your Scholarships Officer (please cc fulbright@fulbright.org.au into the email)
3. The travel agent sends a quote to you and the scholarship team
4. You approve the quoted flights when you're happy with them
5. The scholarship team approves quoted costs per your travel allowance and travel dates
6. Flights are ticketed
7. Travel agent sends you and the scholarship team an itinerary
8. You're on your way

A return flight should be booked when possible, but in the case you can't, please book it a few months ahead to be more cost effective.

Dependent travel may also be booked through the Commission's travel agent at this time. If dependent travel is booked through the travel agent all charges and booking fees must be paid for directly by the scholar/dependent at the time of booking by providing credit card details over the phone to the travel agent.

Should you have any questions or issues with travel, please contact the scholarship team and they will liaise with the travel agent on your behalf. The travel agent provides 24/7 support to Fulbright Scholars.

Any changes to flights require written approval from the Commission.

Engagement while on Program

While you will have an IIE contact advisor appointed to you in the U.S. throughout your program, the scholarship team is still your primary point of contact and should be notified of any issues/changes to your program including location/activities/supervisor/wellbeing. If you're not sure – send the scholarship team an email, we are here to support you.

During your program, beyond sending and requesting status updates, the scholarship team loves to hear from you! For example, send an email when you:

- Attend an interesting event
- Take a photo of somewhere spectacular – especially during weekend adventures in your host state
- Give public talks
- Submit a paper
- Get great feedback on research or study
- Feel homesick

We have a fantastic social media network that we use to circulate stories, photos and program highlights. Remember the Fulbright Program is as much cultural exchange as it is academic exchange, make the most of your weekends abroad to experience the culture and community.

In the U.S., **Fulbright Scholars** and **Fulbright Students** are regarded, funded, managed and addressed as two separate groups. For this reason, some events hosted in the U.S. may only invite one group and not the other. Please do not hesitate to reach out to your host state alumni chapter or IIE contact for events and networks available to you.

Program Reporting

The IIE and Fulbright both have reporting requirements you must meet. These reports are administered separately and are different in both the kind of information they collect and who they are distributed to.

The reports to be submitted to the scholarship team are:

Arrival Report

Format: Email

Timeline: Within a week of arriving

Content:

- U.S. phone number
- U.S. address
- Any issues upon arrival
- Any highlights upon arrival

- Confirmation of setup to commence program (have you got network access, security clearance, found your host contact, settled in)

Midterm Report - Programs over 6 months only

Format: Email

Timeline: Halfway through your program

Content:

- How your program is going
- Any issues so far
- Any highlights so far
- Any changes to your program so far
- Any predicted issues in completing your forecasted outcomes
- Any questions around travel if you have not yet booked your return flight

Final Report

Format: Template provided

Timeline: Within 30 days of your program end date

Your final payment will be processed upon approval of your final report.

Program Stages

Prior to departure

- Prepare a short 'elevator pitch' to explain your Fulbright project in laymen's terms to the various people you will meet both at your host institution and during your travels.
- Contact your host institution to understand the timeframes and process around gaining security clearance/network access and ethics clearance upon arrival – you should aim to hit the ground running upon arrival and these issues often cause delays.
- Register with Smart Traveler <http://smartraveller.gov.au/>

Ensure you pack these items in your carry-on luggage:

- Your passport
- Your original DS2019
- An electronic copy of your DS2019
- Emergency contact numbers
- A colour scan of your Australian passport
- Fulbright name tag
- Fulbright pin
- Business cards – if you do not have them please consider getting some printed with the email address you will be contactable on during your program
- This handbook

Upon arrival

- Complete your arrival report
- Notify your host institution's media centre or newsletter admin of your arrival

During program

- Complete your midterm report (if applicable)
- Keep in touch with the scholarship team
- Make the most of your time

Upon return

- Complete your Final Report by the due date so your final stipend can be paid.
- You will be put in touch with Alumni networks in Australia to continue your lifelong journey as a Fulbrighter

Q&A

Q: *Can the Commission give advice on travel insurance & health insurance?*

A: Scholars are responsible for arranging their own travel and health insurance for the duration of their program. Scholars (not dependents) are covered by ASPE (see section J1 Visa Information) but scholars are strongly advised to take out comprehensive insurance plans from the date of departure from Australia to the date of return to Australia (inclusive of travel days). Please also confirm this with your U.S. host institution.

Q: *Can the Commission give advice on accommodation?*

A: Scholars are responsible for arranging their own accommodation for the duration of their program. The Commission is unable to assist with arrangements as everyone's needs and preferences are different. Scholars are encouraged to seek advice on areas to rent/board from their host institution contacts. The Commission can put you in touch with American alumni in your host state or recent Australian alumni who visited the same area.

Q: *I want to come home to Australia/visit Canada/spend a weekend in Mexico, do I need to notify the scholarship team?*

A: Yes. For any travel, including within North America or back to Australia, please notify the scholarship team and your IIE advisor ASAP. Travel and taking time off from your program ('program leave') can affect your visa (see Program Leave attachment) so please ensure you have followed the correct process in obtaining leave approval.

Q: *My spouse/child will be applying for a J2 visa – do they need to complete a medical form too?*

A: No, a medical for your J2 is not required. You will need to submit their passport to the scholarship team and present their birth certificate/wedding certificate during the visa interview at the Consulate.

Q: *I am not currently married to my partner but intend to be prior to my program start date – are they eligible for a J2?*

A: If you are legally married by the time your paperwork packet is submitted (3 months before your program start date) then they will be eligible for a J2. Any partner other than a married spouse is ineligible.

Q: *How do I get a Fulbright email address?*

A: Please email exchangealumni@state.gov with your full name, award title and award country, and request an email address.

Q: *How do I approach political conversations while on program (representing Australia and the Fulbright program)?*

A: The Commission respects the diversity of political opinions but advises scholars to be diplomatic in their communications while on program and to consider cultural sensitivities.

Q: *In the case of an emergency, including natural disaster, accident, terrorist attack or assault, what do I do?*

A: Please contact emergency services in your area, then contact the scholarship team as soon as possible. The Commission will liaise with the Australian consular officials in your area to assist you. Registering with Smart Traveler is strongly advised prior to departing <http://smartraveller.gov.au/>



FULBRIGHT Australia

APPENDICES

- Fulbright Travel Policy
- Visa Interview Instructions
- J2 Suitability Chart
- Travel Request Form
- Bon voyage and what you need to pack
- ASPE Know before you need – Important Information
- Australian Scholar International Travel and Leave Policy
- Example letter of Request for Program Leave
- Medical History and Examination Form (earliest you can do is 6 months from program start date)
- Evidence of Sufficient Funds – For Students and Scholars/Postdocs taking dependents of J2 visas (earliest you can do is 3 months from program start date)
- Final Report Template
- Mid Term Report (only if you are on program longer than 6 months)

U.S. Forms to complete on arrival in the U.S.

- Social Security Administration – Application for a Social Security Card
- Withholding of Federal Income Tax

Fulbright Travel Policy

For Australian and American Scholars

Use of travel allowance

- Fulbright scholarships include an international travel allowance to cover the costs of international travel, inclusive of booking fees. The amount specified in a scholar's individual Scholarship Agreement for this travel allowance is 'up to', meaning that if return flight costs are lower than the allowance, scholars will not receive the surplus.
- The international travel allowance cannot be transferred into any other name or used towards anyone else's travel, including family members. The allowance is to be used for the costs of the scholar's travel only.

Flights

- Flights cannot be booked prior to Scholars receiving their visa.
- The Commission will cover the cost of direct economy flights for Fulbright scholars to and from their home/host destinations only. Any costs above the scholars' travel allowance must be paid for by the Scholar. If a scholar chooses to upgrade their fare type the Commission will only cover the cost of the economy equivalent; scholars must provide payment details for any excess costs at the time of booking.
- Costs for any travel to/from the airport (e.g. taxi, hire car, train ticket) will not be covered by the Commission.
- Unapproved international layovers are not permitted, this is due to risk management and insurance issues.
- If an overnight domestic layover is unavoidable the Commission will cover the equivalent cost of a reasonable hotel (average per diem rate) near the airport as part of the travel allowance.
- All scholar travel must be organised through the Commission's travel agent and flights must be approved by the Commission in writing before booking.
- Any changes in flights must be approved by the Commission, made through the Commission's travel agent, and any additional costs (including fees) must be covered by the scholar.
- Scholars with programs over 9 months are encouraged to book a one-way flight, booking their return flight later in their program once their return date has been confirmed.

Dependent Travel

- Dependent travel may be booked through the Commission's travel agent, this is not mandatory.
- If dependent travel is booked through the travel agent all charges and booking fees must be paid for directly by the scholar/dependent at the time of booking by providing credit card details over the phone to the travel agent. The travel agent can provide a tax invoice upon request.
- Any dependent allowance (if applicable) is paid directly to the scholar as a one-off payment in line with first payments and is unrelated to transactions with the travel agent.

Any requests outside of the Fulbright Travel Policy require written approval from the Commission.

Visa Interview Instructions For Australian Scholars

Once you have received your hardcopy DS-2019 in the post from the Commission please *read this document in full* before completing the following steps consecutively:

Complete a DS-160 Form

1. Obtain a U.S. size digital photo for scholar/student and any dependents (5cmx5cm on a white background) for inclusion in your DS160 application. Please read the photo specifications: <https://travel.state.gov/content/travel/en/us-visas/visa-information-resources/photos.html>
2. Here is a [step by step guide](#) on how to fill it in. Please look at this first so you can see what is involved.
3. Complete online the Electronic Visa Application Form **DS-160**: <https://ceac.state.gov/GenNIV/Default.aspx>
4. When you are asked to enter your **SEVIS ID**, this number can be found on your DS2019 in the top right- hand corner beginning with 'N', each individual has their own SEVIS ID. Your **Program Number** for students (including visiting student researchers) is G-1-00001. For visiting scholars, it is G-1-00005.
5. When you get to Question 5 re travel, and it asks you as below, select Company/Organisation



Put in Australian-American Fulbright Commission Level 1, 6 Napier Close Deakin ACT 2600 and your ASO (currently Lauren and Karen) as the additional point of contact information.

6. Print the **Confirmation Page** only.

*Please note: Fees are **not** required. Do not pay the MRV fee, SEVIS fee or an issuance fee, if you do so we are unable to refund these fees.*

Book a Visa Interview

Determine which consulate you should go to

I am a resident of:	NSW, ACT, QLD & Norfolk Island	VIC, TAS, SA, NT	WA
I must attend my interview at:	Sydney Consulate Level 10 MLC Centre 19-29 Martin Place Sydney, NSW 2000 SydneyOfficials@state.gov	Melbourne Consulate 553 St. Kilda Road Melbourne, VIC 3004 MelbourneOfficials@state.gov	Perth Consulate Level 4 16 St George's Terrace Perth, WA 6000 PerthVisas@state.gov

Email the appropriate consulate the following:

Dear Consulate Team

My name is (FULL LEGAL NAME).

*I am an **Australian Fulbright Scholar** seeking an appointment for a J1 visa at **XXX** Consulate. My SEVIS ID is (NUMBER).*

My formal program start date is (date as per your agreement), I wish to depart Australia on (date).

*Accompanying me to the visa interview will be J2 applicants (NAME, RELATION) and (NAME, RELATION).
Remove if not applicable.*

Please find attached (MY/OUR) DS160 confirmation pages.

You will receive a confirmation email with your allocated interview time within 48 hours, please forward this email to your Scholarships Officer immediately.

Attend the Interview

When **attending** the visa interview, a reminder to bring:

- DS-160 Confirmation Page
- Your original DS-2019 you received in the post; a photocopy will not be accepted.
- Your valid passport, with 2 blank adjacent pages
- A self-addressed 500g Express Post envelope for the return of your passport (once the visa is issued)
- The photo you used to complete your DS-160

Note: Dependents applying for a J2 visa

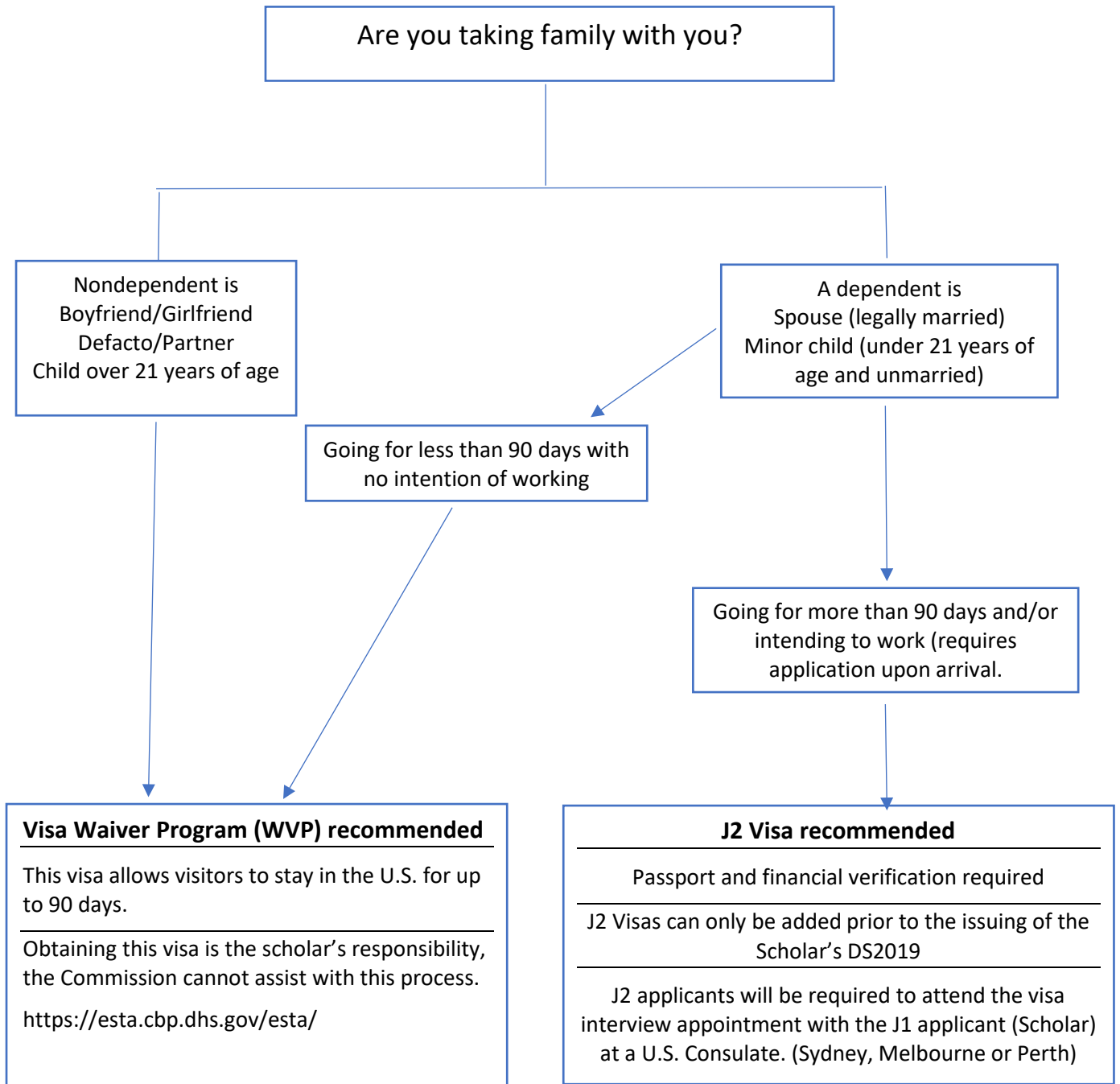
If your dependents will be accompanying you to the United States on a J2 visa, you will have received their DS-2019 with yours in the post. Dependents over the age of 14 will be required to attend the visa interview with you bringing:

- Their own DS-160 Confirmation Page
- Their original DS-2019
- Their Photo
- Their Passport
- Either a Registered Marriage or Birth Certificate

Once your passport has been returned to you via post from the Consulate, please email your Scholarships Officer a clear colour scan of the visa page.

You are now ready to book your flights.

J2 Visa Suitability Chart



Bon voyage and what you need to pack

Prior to departure

- Prepare a short 'elevator pitch' to explain your Fulbright project in easy speak to the people you will meet both at your host institution and during your travels.
- If you haven't already, check with your host institution to understand the timeframes and process around gaining security clearance/network access and ethics clearance upon arrival.
- Register with Smart Traveler <http://smartraveller.gov.au/>

Ensure you pack these items in your carry-on luggage:

- Your passport
- A copy of your Fulbright agreement
- Your original DS2019
- SEVIS ID written somewhere safe e.g. wallet
- Emergency contact numbers
- A colour scan of your Australian passport
- Fulbright name tag
- Fulbright pin
- Business cards – if you do not have them please consider getting some printed with the email address you will be contactable on during your program



Upon arrival

- Please notify us that you have arrived, have access to what you need at your host. Also send your new contact details, such as your address and if you have a new phone number.
- Check in with your IIE advisor and fill in the forms they require.

During program

- Complete your midterm report (if applicable, mainly for students)
- Keep in touch with the Fulbright Scholarships Officer, send them photos and if you are doing any presentations please let them know
- Most importantly make the most of your time over there, take every opportunity that comes your way.
- If you need to travel out of the U.S. for any reason, please contact your Fulbright Scholarships Officer and IIE contact as you need to have your DS-2109 signed before you leave so you can re-enter into the U.S.A.

Upon return

- Complete your Final Report 30 days either side of the due date.
- You will be put in touch with Alumni networks in Australia to continue your lifelong journey as a Fulbrighter

ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES (ASPE)

KNOW BEFORE YOU NEED – IMPORTANT INFORMATION

1. As a Fulbright grantee, you will be covered by the Accident and Sickness Program for Exchanges (ASPE), the Department of State's **self-funded limited health care benefits plan**. The plan is NOT an insurance policy and it does not cover pre-existing conditions.
2. The plan is **administered by Seven Corners**. You are encouraged to read the benefits guide and review the website, prior to departure for your program. You can review the complete benefits guide here <https://www.sevencorners.com/gov/usdos>.
3. Your enrollment period automatically **matches your grant start and end dates**. You are not covered by ASPE when traveling outside of your host country, even during your grant dates (*this includes traveling to any neighboring or other countries for medical treatment). ASPE **does not cover any vaccinations** that you may need prior to your departure for your grant.
4. **ASPE does not cover dependents**. Dependent policy coverage must include emergency evacuation and repatriation services.
5. You are strongly encouraged to maintain your existing health insurance while on your Fulbright grant, especially if you are being treated for a medical issue or if you are taking maintenance medications. **ASPE does not cover pre-existing conditions**.
6. ASPE will be considered **secondary** to any other health insurance policy you may carry, with the exception of Medicare and Medicaid. **Carry your primary insurance information and your ASPE card with you at all times**.
7. While in your host country, if you are experiencing a medical emergency, **you can go to any medical facility and see any doctor of your choosing**. You must also present your ASPE information to the treating facility, as well as contact Seven Corners, **immediately at the onset of a situation**. Contact information for Seven Corners is listed on the back of your ASPE card. Provide your full name and ASPE number.
8. **ASPE requires all its members to pay co-pays, up to a maximum of \$500 out of pocket per benefit year**. If the service is not related to a pre-existing condition, ASPE will reimburse you for any costs exceeding \$500. In some cases, Seven Corners may have previously worked with a particular medical facility and can use that relationship to **guarantee payment in advance of service**, if it is anticipated that significant costs will be incurred. **Be sure to directly contact and engage Seven Corners, immediately, at the onset of a situation**.
9. If you are currently **prescribed regular medications** that you plan to continue taking while on your Fulbright grant, it is your responsibility to figure out whether those medications are allowed in your host country, prior to the start of your program. You should determine if those medications are available in your host country, can be shipped to your host country, or need to be carried into your host country.
10. While you are in your host country, if you experience an urgent situation that requires **medical evacuation and that cannot be treated in your host country**, ASPE will make all arrangements for the medevac to a facility closest to the host country that can treat the situation. You **MUST** engage Seven Corners at the onset of the situation (and prior to any travel taking place), in order for consideration for coverage under ASPE. If your situation is not urgent, but your doctor is advising that you return to the United States immediately, you must **contact Seven Corners and your U.S. Embassy representative** to discuss the situation with them first. Medical costs incurred in the United States may not be covered by ASPE, unless pre-approved before you depart your host country. All medevacs must be approved by and arranged through Seven Corners, **prior to any travel taking place**, for consideration for coverage under ASPE.
11. **Communicate with your contact at the U.S. Embassy and with your program contacts** during any medical situation in which you require support or assistance with ASPE.
12. Final determination of what may or may not be covered under ASPE is determined after Seven Corners receives and processes all claims, including any supporting documentation and medical records.
13. **This information does not replace the information that is in the ASPE Benefits Guide. You are responsible for reviewing all information, prior to departure for your program.**
14. **Contact Seven Corners Customer Service, directly, with any questions that you may have about the ASPE policy, prescription coverage and shipping, claims, etc.** - Seven Corners Customer Service: 1-800-461-0430 or usdosinfo@sevencorners.com.
15. **For any additional questions regarding ASPE, please contact the Department of State ASPE Program Manager:**
Elizabeth Royal, Manager
ASPE – Accident and Sickness Program for Exchanges
Department of State – ECA-IIP
Email: RoyalEA@state.gov BlackBerry: 202-733-8785 (for emergencies)
**For all queries, be sure to include your full name and ASPE number for reference*

Australian Scholar International Travel and Leave Policy

Going to the U.S.

You are to fly directly to the U.S. (not via anywhere) and have up to 30 days before your program start date to enter the U.S.. You are to arrive at least one day before your program start date, but we recommend you arrive a couple of days ahead to organise accommodation etc. before you start at your host institution on your start date.

Request for leave

Travelling within the states

We encourage you to see as much as you can whilst in the States. Please let your scholarship officer know when and where you plan to travel. This is for our awareness incase an incident occurs we know who is in the vicinity.

International travel

You cannot leave the United States unless you have travel permissions included on your DS-2019. If you leave the U.S. without travel signatures, your visa will be immediately cancelled by immigration and you will not be allowed to reenter. Travel signatures cannot be obtained until after you have arrived in the U.S.. To obtain travel signatures you must:

Request leave from their program by emailing their scholarships officer and include the following:

- Proposed departure date from U.S. for leave
- Proposed arrival date back in U.S. at end of leave
- Reason for leave
- Location of leave (City, State, Country)
- Whether dependants (J2 visa holders) are accompanying them

Upon approval of the leave request, the scholar/student will receive a letter of approval from the Commission.

Detailed instructions for steps to take before international travel can be found in the [Self-Service Portal](#) under the Travel tab. There are three requirements you must complete before leaving the US to travel internationally:

1. You will need to add a record of your travel intentions to the SSP to be reviewed. You will be notified if and when your travel plans are approved in the portal.
2. Ensure your "MAILING ADDRESS" is updated in the portal, as this is the address your document will be returned to.
3. The box located in the lower right-hand corner of your DS-2019 form ("Travel Validation by Responsible Officer") must be signed by IIE. The signature indicates that you are maintaining your J-1 status. (If you have a J-2 dependent, he/she will also need a travel signature on his/her DS-2019 to

travel outside of the US). The travel signature is valid for 12 months after the date of issue or until the end date of your DS-2019, whichever comes first.

Returning Home

When you are leaving the U.S. to travel home you have up to 30 days before you are legally required to leave the country. J1 visa regulations stipulate that you cannot leave the US and re-enter on your J1 visa. You could re-enter the US on a tourist visa, but there is no guarantee you can re-enter without a problem, as you are no longer on a J-visa (grace period puts you in a status like that of a tourist). If for example your grant ends, and you decide to go on vacation to Mexico during your post-grant grace period and then reenter the US during their grace period before returning home, you do so at their own risk.

Note: During all leave travel, scholars/students and their dependants must carry their original DS-2019s and letter of approval with them (including travel to Canada and Mexico)

Note: Dependants (J2 visa holders) must also apply for travel signature validation regardless of whether the J1 is accompanying them. A J2 cannot enter the U.S. *before* the J1 and cannot stay *after* the J1 leaves

Note: In case of emergency travel, please contact your IIE & Scholarship Officer

Date

Name

Type of Scholarship

RE: Approval of Program Leave

Dear **Scholar**

Please accept this letter as formal approval of your requested leave from your scholarship program from **date – date**, to attend **reason** in **location**.

This leave must adhere to the Travel policy and your stipend payment **WILL/WILL NOT** be docked for this leave period.

Please do not hesitate to contact the Commission should you have any questions.

Kind regards

Scholarship Officer
Australian-American Fulbright Commission



Department of State Academic Exchanges Participant Medical History and Examination Form

Having been selected to participate in a U.S. Department of State educational exchange program, you are required to submit a completed Medical History and Examination Form. The attached form should be completed and returned to:

You should complete Part I prior to the medical examination. Part II, the "Health History" and Part III, "Medical Examination" must be completed by a qualified, licensed doctor or physician no more than six months before your grant start date.

The purpose of these forms is to confirm health status for review and medical clearance, upon which a grant is contingent. The information will also help your program staff be of maximum assistance to you should the need arise while you are on a grant. Mild physical or psychological disorders can become serious under the stresses of life in an unfamiliar environment. It is important that we be made aware of any medical, emotional or psychological problems, past or current, which might affect you while on your program.

The Medical Information Form and Physician's Statement should be completed in English by a licensed physician, doctor (MD, DO, or foreign equivalent), or nurse practitioner who is not a member of your family and mailed to your program staff before your participation in the program can be confirmed. Violation of this policy will result in the revocation of your award. If the forms are completed by a health practitioner who is not an MD, DO, or nurse practitioner, it must be cosigned by an MD or DO. Your award is contingent upon your submitting the Medical Information Form and Physician's Statement to your program staff by stated deadlines, and remains contingent until the information is reviewed and medical clearance is issued.

INSTRUCTIONS TO PROSPECTIVE GRANTEEES

In advance of your medical examination:

- Complete Part I on your own prior to the physical examination
- Sign and date the form on page 8.
- Familiarize yourself with the instructions to the physician.
- Understand the scope of the clinical examination and the tests required for your age and/or known condition so that you can be sure that the requirements of the form will be met.

At the time of your medical examination:

- Assure that your health is evaluated in SECTIONS II AND III and that the form is signed by a physician. (Although physicians' offices sometimes use a physician's assistant or R.N. to help perform the examination and tests, only a physician or a nurse practitioner may sign the form.)
- Ask your physician to mail the completed form and test results to you as soon as possible. (If the form is incomplete or if the results of the required tests are not reported, your program staff will return the form to you. This step costs time and may require a return visit to the physician. Please prevent such delays.)

PART I: TO BE COMPLETED BY PROSPECTIVE GRANTEE. *Please type or print in ink*

NAME: _____		
<i>Last</i>	<i>First</i>	<i>Other</i>
DATE OF BIRTH: _____	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<i>Month/Day/Year</i>		
PRESENT ADDRESS:		

<i>Home or Residence</i>	<i>City</i>	<i>Country</i>
GRANT LOCATION: _____	GRANT DATES: _____	
<i>(If known) City/Country</i>	<i>From</i>	<i>To</i>

Will you be covered by private health insurance while on your program? If yes, complete the following information. As well, please confirm with your provider that your coverage extends to your time overseas for your award. Be aware your existing coverage will remain your primary insurance for the duration of your grant.

Name of Health Plan/ Health Care Provider:	
Health Plan ID#:	
Health Plan Effective Date:	
Health Care Provider Address:	

Names of medical professionals consulted within the last 3 years, except for routine physical examinations. List your primary care physician as well as any specialists. *(Submit an additional form as needed).*

NAME	SPECIALTY or Primary Care	TELEPHONE #:
	Primary Care Physician	

EMERGENCY CONTACT INFORMATION and MEDICAL PROXY

Name two individuals who could be notified in case of emergency.

PRIMARY EMERGENCY CONTACT:	SECONDARY EMERGENCY CONTACT:
Name:	Name:
Address:	Address:
Cell phone number:	Cell phone number:
Home number:	Home number:
Office number:	Office number:
Email:	Email:

While your academic exchange program does not require that you have established a medical proxy – a medical proxy is an individual who is informed of and can make decisions about your medical wishes on your behalf if you are unable – it is strongly recommended that you consider this option for any emergency medical situations that may result while you are abroad. Should you already have a designated medical proxy, please indicate him/her below and provide a copy of the documentation along with your medical examination results.

If you have a legal medical proxy, indicate him/her here and provide a copy of documentation. (Most U.S. states have forms for the purpose of designating a medical proxy):

MEDICAL PROXY CONTACT (Optional):
Name:
Address:
Cell phone number:
Home number:
Office number:
Email:

INSTRUCTIONS FOR THE EXAMINING PHYSICIAN

The individual you are examining is a candidate for an academic exchange program who will reside in another country. Some locations are remote and may have limited medical support from doctors, nurses, laboratory facilities and hospitals.

Please evaluate thoroughly all items listed on the examination form. It is most important that you:

1. Comment on all items checked “yes” on the Medical History section (below).
2. Record all physical findings after completing the examination as requested. *Only the results of a physical exam performed no more than six months prior to the grant start date may be reported.*
3. Order and record (or attach copies of) all relevant laboratory tests or necessary data. It is important that all of the tests be reported as requested for the age or condition of the examinee. If there are test results within the past six months, please attach those.
4. Comment on all indicated follow-up examinations and conditions that may require frequent observation or prolonged treatment. Please indicate your overall opinion of the examinee’s health in items (page 8).
5. Sign and date the portion of the examination form that you completed (page 8).

PART II: TO BE COMPLETED BY PHYSICIAN

To be completed by the grantee’s physician in consultation with the candidate to determine what tests, if any, may be required. For any items checked “Yes,” the physician may recommend a test to allow for further explanation of the current status of the condition and/or the prognosis or outcome.

MEDICAL HISTORY					
Does the grantee now have or have they ever had any of the conditions or symptoms listed below? Indicate “YES” or “NO”. “YES” answers MUST be explained in the space provided following this section.					
CHECK EACH ITEM	YES	NO		YES	NO
Frequent or severe headaches			Fainting spells (syncope)		
Epilepsy or seizures			Heart condition incl. arrhythmia, angina, heart attack, murmur, and heart failure		
Stroke			Eye disease or vision impairment (other than corrected refractive error)		
Hearing impairment			Severe allergies, including environmental, insect stings, food, and medication		
Tooth or gum disease (periodontal disease)			Tropical diseases, incl. malaria, amoebiasis, leprosy, filariasis, etc.).		
Asthma, emphysema, persistent cough, or other lung conditions.			Depression, anxiety, excessive worry, schizophrenia, psychosis		
Tuberculosis			Drug or alcohol abuse		
High blood pressure			Sickle cell anemia, excessive bleeding, blood clots or other blood disorder		
Gynecological disorder			Cancer in any form		
Other hormonal disorders, incl. thyroid			HIV infection, AIDS		
Diabetes mellitus (high blood sugar, sugar in urine)			Severe skin disorder		

PART III. PHYSICAL EXAMINATION TO BE COMPLETED BY PHYSICIAN

If the grantee answered "YES" to any of the above, please explain in detail, including dates of occurrence, treatment and outcome.

Has the grantee ever had any significant or serious illness or injury not mentioned above? If so, explain the nature of the problem and outcomes.

Please explain any operations (surgical procedures) the grantee has had that may impact grantee's experience on the program. Please explain.

Has the grantee ever been hospitalized for any reason? If so, explain what condition, provide dates, and explain the outcome.

Has the grantee ever seen a psychiatrist, psychologist, or psychotherapist? If so, explain for what condition and provide dates of treatment and explain the outcome.

List all the medications taken by the grantee in the past three (3) years.

List all specific medications (generic or name brand) currently being taken by the grantee, whether on a regular or as needed basis.

List all medical devices being used by the grantee (for example: insulin pump, prostheses, nebulizers).

Note: Results of tests and x-rays included in this medical evaluation must be no more than six months prior to the date of the participant's arrival in or departure from the United States.

MEDICAL 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 II), 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

APPLICANT'S NAME: _____
Last *First* *Other*

HEIGHT: _____ **WEIGHT:** _____
(in or cm) *(lb or kg)*

BLOOD PRESSURE: _____ **RESTING HEART RATE:** _____
Syst./diast.

CLINICAL EVALUATION

Please provide an answer to each item.
 Abnormal findings must be fully explained in the space provided.

	NORMAL	ABNORMAL	DESCRIBE ABNORMAL FINDINGS
Head and neck			
Hearing Acuity			
Visual Acuity (with corrective lenses, if used)			
Lungs and chest			
Heart and vascular system			
Abdomen			
Breasts			
Genito-urinary/Gynecologic			
Musculoskeletal			
Lymphatic			
Neurologic			
Skin			
Psychiatric			

A test for TB is required (for foreign grantees) at the time of examination, regardless of prior BCG vaccination. The PPD skin test or interferon gamma release assay blood test is acceptable. PPD skin test results over 10mm require a chest X-ray. An abnormal result on either test mandates a chest X-ray to evaluate for active tuberculosis.

Tuberculin Skin Test (PPD) Result (millimeters of induration): _____ Pos Neg

Date of test: _____

OR

IGRA Test Date: _____ Pos Neg

Chest X-ray (if required) Date: _____

Chest X-ray findings:
(Note to Physician: X-ray images need not be submitted on film or otherwise)

There are no specific laboratory tests required, although the exchange program may request further testing based on an applicant’s medical history. Physicians are encouraged to obtain appropriate tests as indicated by the medical history and results of the physical examination or place of grant activity (e.g., G6PD for malarial areas). For example, a diabetic patient should have a recent blood sugar determination or patients with HIV infection should obtain a CD4 count.

NOTE: IT IS THE GRANTEE'S RESPONSIBILITY TO DETERMINE ANY TEST SPECIFICALLY REQUIRED BY HIS/HER HOST COUNTRY.

VACCINATIONS. Below are the generally recommended vaccinations for foreign participants within the United States.

<p align="center">POLIO (Three or more doses)</p>	<p>Dates of immunization:</p>
<p align="center">DIPHTHERIA, PERTUSSIS, TETANUS (Three or more doses, one within the past 10 years)</p>	<p>Dates of immunization:</p>
<p align="center">Measles – Mumps – Rubella (MMR) (Or list individual Measles, Mumps, and Rubella immunizations below)</p>	<p>Date of immunization:</p>
<p align="center">MEASLES Dates of Live Immunization (two required, at least one month apart)</p> <p align="center">(or) Indicate date of disease (or) Indicate date and results of measles titer</p>	<p>First immunization date:</p> <p>Second immunization date:</p> <p>(or) Date of Disease:</p> <p>(or) Date and result of measles titer:</p>
<p align="center">MUMPS Dates of Immunization (two required, at least one month apart)</p> <p align="center">(or) Indicate date of disease (or) Indicate date and results of mumps titer</p>	<p>First immunization date:</p> <p>Second immunization date:</p> <p>(or) Date of Disease:</p> <p>(or) Date and result of mumps titer:</p>
<p align="center">RUBELLA Dates of Immunization (two required, at least one month apart)</p> <p align="center">(or) Indicate date and results of rubella titer</p> <p><i>Note: History of disease is not acceptable proof of immunity to rubella</i></p>	<p>First immunization date:</p> <p>Second immunization date:</p> <p>(or) Date and result of rubella titer:</p>

NOTE: IT IS THE GRANTEE'S RESPONSIBILITY TO DETERMINE ANY VACCINATIONS SPECIFICALLY REQUIRED BY HIS/HER HOST INSTITUTION AND/OR HOST COUNTRY.

PHYSICIAN'S STATEMENT:

Based on your physical examination and on the candidate's physical and emotional history, do you consider the examinee physically and emotionally able to study, teach or conduct research in the country indicated on page 2 of the form? (Circle one) Yes or No

If No, please explain:

PERSON COMPLETING THE PHYSICAL EXAMINATION:

Name	Position	Date

Signature of Examining /Supervising Physician:

_____ **Date:** _____

Typed Name of Examining /Supervising Physician

_____ **Telephone#:** _____

Address _____

PARTICIPANT'S STATEMENT:

I certify that I have reviewed the information supplied by me in Part I and to my physician in Part II 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 U.S. Department of State or its designated contractual agency. I am aware that the information in this form and any attachments, i.e., test results, etc. are being provided to my supervising agency as part of the medical clearance process. I acknowledge that falsifying or knowingly excluding critical medical information may jeopardize my program participation.

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:** _____

Privacy Policy: The information provided by you and your physician(s) will remain confidential and will be shared with your program staff or appropriate professionals for grant administration purposes only.

*Revision date: February 7, 2013
ECA/A/E*

EVIDENCE OF SUFFICIENT FINANCES

For Australian Fulbright Scholars



Read before completing:

- Scholar financial details are required by the U.S. Department of State to confirm funding availability for yourself and dependents (where applicable) for the duration of your stay in the U.S.
- Existing funds must be 'liquid', meaning credit cards are not acceptable.
- Your stipend will not be reduced if you are still receiving pay from your home institution, this information is collected purely for the purposes of obtaining your DS-2019 and subsequent visa.
- Financial figures must be converted and listed in U.S. dollars.
- All fields must be completed, submissions with blank fields will not be accepted.

Scholar Name:		Date:
Conversion rate:		Conversion Date:
Source of Funds	Amount in USD	Documentary evidence attached
Personal funds: include a <u>current</u> scanned bank statement, online bank account screenshots will not be accepted	USD\$	Yes / NA
Family support: include letter of guarantee and bank statement showing funds in family member's name	USD\$	Yes / NA
Total Fulbright funding: attach first page of signed agreement as supporting document, exclude travel allowance in calculation if you are a postgraduate scholar	USD\$	Yes / NA
Home Institution (sabbatical/ongoing pay): include letter from home institution listing amount and dates for which you will receive this	USD\$	Yes / NA
Host Institution (fellowship/grant): include letter from host institution listing amount and dates/conditions for which you will receive this. Note: this should be for tuition or an allowance not already covered by Fulbright funding, if unsure check with officer.	USD\$	Yes / NA
Other: list details	USD\$	Yes / NA
If you have a dependant accompanying you on your program on a J2 visa , you are required to provide financial evidence they are able to support themselves. Joint bank account statements are permitted.	USD\$	Yes / NA

I certify that the information and documentation I have provided is complete and correct. I acknowledge this information will be shared with the relevant departments of the Bureau of Educational and Cultural Affairs.

Scholar signature: _____

Please scan this form and all supporting documents and email as one PDF file to your Scholarships Officer.

Fulbright Final Scholar Report and Survey

Name	
Scholarship Year and Type	
Host Institution	
Home Institution	
Discipline/Field of Study	
Length of Program	

- 1. Please give an overview of your project, the outcomes you achieved and what your future holds:**

2. Your personal experience, what did this experience mean to you and how has it impacted your life?

3. What was the highlight of your Fulbright experience?

4. Please tick the appropriate box on your dealings with the Fulbright Commission

Were the staff the Fulbright Commission helpful and responsive to your enquiries: Yes No

Did you find the Orientation program helpful: Yes No

Did you enjoy the Gala dinner Yes No

If you have any further comments, please write them below

5. Please tick the appropriate box in relation to IIE and your host institution

Were the IIE staff helpful and responsive to your enquiries? Yes No

Were they easy to contact during your stay in the U.S.? (only for Aus scholars) Yes No

Was your host institution helpful and responsive to your queries? Yes No

Were the facilities you used at your host institution of a high standard? Yes No

If you have any further comments, please write them below

6. Provide assistance to new scholars

With your consent, extracts from your report may be used in the Commission's Orientation, Enrichment and promotional material. Do you consent for extracts of your report to be used in the following?

Orientation/Enrichment Program	Yes	No
Annual Report/Publications	Yes	No
Australian-American Fulbright Commission Website	Yes	No

What advice would you give to new scholars?

7. Alumni

If you would like to stay informed of Fulbright activities in Australia and the U.S., please ensure we have your most recent relevant details by emailing our Alumni Relations Manager, Pablo Jimenez at alumni@fulbright.org.au/pablo.jimenez@fulbright.org.au or phoning 02 6260 4460

“The essence of intercultural education is the acquisition of empathy-the ability to see the world as others see it, and to allow for the possibility that others may see something we have failed to see or may see it more accurately. The simple purpose of the exchange program...is to erode the culturally rooted mistrust that sets nations against one another. The exchange program is not a panacea but an avenue of hope....”

-- **J. William Fulbright**

FULBRIGHT SCHOLAR MID-TERM REPORT

This mid-term report is an important document in the Fulbright Scholarship process. Its purpose is to assist you in achieving your milestones as a Fulbright Scholar in collaboration with your host institution. It provides the Commission with an indication of the progress being made to achieve the goals you outlined in your scholarship application.

Please complete and return the report by e-mail to fulbright@fulbright.org.au.

PERSONAL DETAILS

Title:		First Name:	
Surname:			
Email:			

FULBRIGHT PROFILE

Scholarship Year:	Scholarship Type:
Host Institution(s): _____	
Discipline/Field of Study of the Fulbright Scholarship:	

1. Fulbright program summary of work completed to date

Provide a brief description of your Fulbright program to date and describe the progress of key academic and/or professional activities.

2. Summary of significant changes, if any, made to your scholarship plans (including projected outcomes and evaluation plans etc.) And why the changes were made

Please outline and discuss any major changes (if any) to your project in variance with your Fulbright application.

3. Do you foresee any significant problems that may impact upon your experience and outcomes? If so, describe them briefly and explain what action you will take to ensure successful completion? (Please remember to contact the Commission so that we can support you, and help you resolve your concerns)?

Provide a brief description of any significant problems you may encounter and action you will take to mitigate impact.

4. Timetable of key activities to complete your project/study (Provide a summary of key activities and dates for successful and timely completion of tasks.

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

IMPORTANT: You **MUST** provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at www.socialsecurity.gov.

Original Social Security Card

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

Replacement Social Security Card

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

Changing Information on Your Social Security Record

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

IF YOU HAVE ANY QUESTIONS

If you have any questions about this form or about the evidence documents you must provide, please visit our website at www.socialsecurity.gov for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.

EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

IMPORTANT : If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

Evidence of Age

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

Evidence of Identity

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card, or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

Evidence of U.S. Citizenship

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

Evidence of Immigration Status

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

HOW TO COMPLETE THIS APPLICATION

Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½" x 11" (or A4 8.25" x 11.7") paper.

GENERAL: Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.
5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.
- 6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.
- 9.B., 10.B. If you are applying for an original Social Security card for a child under age 18, you MUST show the parents' Social Security numbers unless the parent was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.
13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.
16. Show an address where you can receive your card 7 to 14 days from now.
17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

HOW TO SUBMIT THIS APPLICATION

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp> to find the Social Security office or Social Security Card Center that serves your area.

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

PRIVACY ACT STATEMENT Collection and Use of Personal Information

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD			First	Full Middle Name	Last							
	FULL NAME AT BIRTH IF OTHER THAN ABOVE			First	Full Middle Name	Last							
	OTHER NAMES USED												
2	Social Security number previously assigned to the person listed in item 1			<table border="1" style="width:100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>									
3	PLACE OF BIRTH (Do Not Abbreviate) City _____ State or Foreign Country _____				<small>Office Use Only</small> 4	DATE OF BIRTH MM/DD/YYYY _____							
5	CITIZENSHIP (Check One)		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3)	<input type="checkbox"/> Other (See Instructions On Page 3)							
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No		7	RACE Select One or More (Your Response is Voluntary) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian									
8	SEX		<input type="checkbox"/> Male	<input type="checkbox"/> Female									
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH			First	Full Middle Name	Last							
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)			<table border="1" style="width:100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table> <input type="checkbox"/> Unknown									
10	A. PARENT/ FATHER'S NAME			First	Full Middle Name	Last							
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)			<table border="1" style="width:100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table> <input type="checkbox"/> Unknown									
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)												
12	Name shown on the most recent Social Security card issued for the person listed in item 1			First	Full Middle Name	Last							
13	Enter any different date of birth if used on an earlier application for a card			MM/DD/YYYY _____									
14	TODAY'S DATE MM/DD/YYYY _____		15	DAYTIME PHONE NUMBER Area Code _____ Number _____									
16	MAILING ADDRESS (Do Not Abbreviate)		Street Address, Apt. No., PO Box, Rural Route No. _____ City _____ State/Foreign Country _____ ZIP Code _____										
17	YOUR SIGNATURE			18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____								
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)													
NPN		DOC		NTI		CAN							
PBC	EVI	EVA	EVC	PRA	NWR	DNR							
					UNIT								
EVIDENCE SUBMITTED					SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW								
					DATE								
					DATE								

WITHHOLDING OF FEDERAL INCOME TAX

from Fulbright Visiting Scholar grants

With limited exceptions, Fulbright Scholar grants are taxable. If you receive any funds from IIE/CIES* during your grant, you will most likely have to pay U.S. federal income tax and file a tax return. You may also be required to pay federal income taxes on any payments made to you by other U.S. sources.

If you are being paid by the Fulbright Commission/Foundation in your home country, your grant payments are most likely considered “foreign source income” and therefore not subject to U.S. taxation. (Check with your Commission/Foundation regarding your tax liability on payments it makes to you.) However, if you participate in the Outreach Lecturing Fund (OLF) or if CIES makes any other payments to you or on your behalf, the payments are subject to U.S. taxation.

Tax filing obligations

You must submit a tax return to the U.S. federal government for each calendar year that you are in the United States. In order to file a return, you must have either a Social Security number (SSN) or an individual Taxpayer Identification number (ITIN). Refer to Part III, Section 16 of the *Guide for Fulbright Visiting Scholars* for details on how to apply. Once you receive either a Social Security card (with SSN) or your ITIN, submit a copy to CIES immediately.

Tax withholding from your grant payments

The Tax Reform Act of 1986 requires IIE/CIES to withhold estimated federal income tax from all payments it makes to scholars (except scholars from countries that have current tax treaties with the United States that exempt the withholding requirement). In order to initiate proper tax withholding, you must submit Form W-4 to CIES. A copy of the form is included with your grant packet, and a fillable electronic version can be accessed at www.irs.gov. Instructions for completing the form are on the reverse of this page. Be sure to return form W-4 to CIES, along with a copy of your SSN or ITIN, as soon as possible after arrival in the United States.

The rate of withholding from your payments will most likely be 14%. However, if your W-4 is not received promptly upon arrival in the United States (i.e., by your second payment), CIES must withhold 30% of your grant payments to cover your estimated federal tax liability. CIES/IIE will forward all taxes withheld from your payments to the Internal Revenue Service. When you file a return, you may receive a refund if the amount of taxes withheld from your payments exceeds your actual tax liability.

If you receive funds from any U.S. organization other than CIES/IIE, you should check directly with that source regarding their procedure for handling withholding taxes.

**Payments for all grants administered by CIES are distributed by its parent organization, the Institute of International Education (IIE).*

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. 	G	<u> </u>
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2017</div>
1 Your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2017)

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details **1** \$ _____

2 Enter: { \$12,700 if married filing jointly or qualifying widow(er)
\$9,350 if head of household
\$6,350 if single or married filing separately } **2** \$ _____

3 Subtract line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____

4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) **4** \$ _____

5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) **5** \$ _____

6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) **6** \$ _____

7 Subtract line 6 from line 5. If zero or less, enter "-0-" **7** \$ _____

8 Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction **8** _____

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____

10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" **2** _____

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet **4** _____

5 Enter the number from line 1 of this worksheet **5** _____

6 Subtract line 5 from line 4 **6** _____

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____

9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Married Filing Jointly

All Others

If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$7,000	0	\$0 - \$8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly

All Others

If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Instructions for completing form W-4

International scholars should complete form W-4 according to these instructions. The instructions on the form itself are for U.S. citizens and permanent residents only.

Item 1 – Name and Address: Enter name and U.S. address.

Item 2 – Social Security Number: Enter Social Security number.

Item 3 – Marital Status: Check “single” for marital status, regardless of actual marital status

Item 4 – Name Change: Check the box only if the individual’s name has changed since receiving the Social Security Card.

Item 5 – Number of Allowances: Claim only one withholding allowance by entering “1” on Line 5, regardless of the number of actual withholding allowances.

Item 6 – Additional Amount: Write “Nonresident Alien” or “NRA” above the dotted line.

Item 7 – Exemption: *Non-resident aliens are not permitted to claim “exempt” on Line 7.*

Finally, the form should be signed and dated.

If you have questions about filing your return, you should contact the Internal Revenue Service (IRS) in your local area.