**FULBRIGHT INTER-COUNTRY/INTRA-COUNTRY LECTURING PROGRAM**

**APPLICATION FOR ITALIAN INSTITUTIONS**

Please submit your completed application to Paola Sartorio, Executive Director, The U.S. – Italy Fulbright Commission: [paola.sartorio@fulbright.it](mailto:paola.sartorio@fulbright.it), cc: Barbara Pizzella, bpizzella@fulbright.it

**U.S. Fulbright Scholar to invite:**

|  |  |
| --- | --- |
| Name: |  |
| Field or specialization: |  |
| Grant country in Europe: |  |

**Host institution:**

|  |  |
| --- | --- |
| Contact person: |  |
| Institution name: |  |
| Department or research unit: |  |
| Address: |  |
| Country - City: |  |
| Telephone, and e-mail: |  |

**Activity proposed:**

* Participate in/Deliver keynote address at Conference or seminar
* Lead workshops
* Consult on academic course or program curriculum and evaluation
* Other activities

Please provide a description of the activity(ies) selected and attach brochure(s) if available:

**Audience:**

Institution faculty\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate students \_\_\_\_

**Timeline:**

|  |  |
| --- | --- |
| Length of visit (up to 5 days): |  |
| Date of arrival: |  |
| Date of departure: |  |

**Host institution’s contributions towards the cost of this activity (i.e. lodging, meal):**

* Lodging (cost estimate for up to 4 nights): \_\_\_\_\_\_\_\_\_\_
* Meals (cost estimate for up to 5 days): \_\_\_\_\_\_\_\_\_\_

Please describe method of payment

Date: Signature: