



**ACADEMIC PROGRAM OUTLINE – NON-DEGREE GRANTEE  
Fulbright Foreign Student Program**

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**PART ONE:** To be completed by the student.

NAME: \_\_\_\_\_ HOME COUNTRY: \_\_\_\_\_

U.S. UNIVERSITY: \_\_\_\_\_ FIELD OF STUDY: \_\_\_\_\_

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**PART TWO:** To be completed by the student in conjunction with the academic adviser.

1. Has your university assigned you a special status (e.g., Visiting Scholar, Special Student, etc.)  Yes  No  
If yes, please provide the exact name of your status:

2. Does your university require that you register in courses for credit?  Yes  No

If yes, in how many credits per semester are you required to register? \_\_\_\_\_

3. Please indicate the course numbers and titles of any classes you plan to audit (or, if required by your university, that you will take for credit) during the coming academic year. **You may not register for courses for credit unless your university requires you to do so in order to maintain your status.**

Course Number & Title	Audit or Credit	Academic Term Offered
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4. What is your intended plan of research for your Fulbright Program? Please provide as many details as possible.

5. **Estimated date by which you will complete your research program (Month/Year):** \_\_\_\_\_

It is essential that this date be as accurate as possible. Your scholarship will end on the date indicated above or on your Maximum Funding Date (MFD), whichever comes FIRST.

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**PART THREE:** To be completed by the academic adviser.

Are you in agreement with this student's proposed work plan?  Yes  No

Do you have any additional comments regarding this student's plans?

Signature of Adviser: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Adviser: \_\_\_\_\_

Department: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_