

NAME: \_\_\_\_\_

COUNTRY: \_\_\_\_\_



## Fulbright Distinguished Awards in Teaching Program for International Teachers (Fulbright DAI)

A program of the Bureau of Educational and Cultural Affairs (ECA) of the U.S. Department of State,  
and administered by IREX

### LEAVE APPROVAL FORM

*This leave approval form is to be completed by the school director at the school where you are currently employed.  
The form must be hand signed.*

I certify that our school agrees to participate in the 2019 Fulbright Distinguished Awards in Teaching Program (Fulbright DAI) funded by the U.S. Department of State's Bureau of Educational and Cultural Affairs and by IREX, in the event that our educator is selected for participation in the program.

Our school will provide assistance to our Fulbright DAI participant by supporting him or her to participate in the semester-long Fulbright DAI program in the United States in 2019. I understand that program activities will include an intensive professional development program at a U.S. university, including academic coursework, leadership training, and instructional technology seminars. The program will also include opportunities for participants to observe, co-teach, and share their expertise with teachers and students in U.S. schools, as well as to pursue individual or group projects relevant to their education practice.

Ms./Mr. \_\_\_\_\_ will be granted leave

- with pay**
- without pay**

during this time and will be re-instated upon his or her return to the school.

I recognize the importance of this program in the pursuit of advancement and development for the school's educators, and I support the applicant's participation in the program.

Name of School Director \_\_\_\_\_

Signature of School Director (**must be hand signed**) \_\_\_\_\_

Date \_\_\_\_\_

