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| **Institutional Reply Form (IRF) - Fulbright Visiting Scholars Program** | |
| This participant has been nominated to conduct research and/or teach in the US under a J-1 visa sponsored by the US Department of State administered by the J.W. Fulbright Commission in the Czech Republic. If your institution/organization agrees to host this participant, please complete this form. | |
| **Participant Name:** | **Grant Start Date:** |
| **Participant's Home Country:** | **Grant End Date:** |
| **Project Title:** | |
| **Host Institution/Organization: University of Connecticut** | |
| **If applicable, insert link to your university's academic calendar:** | |
| **Faculty Associate/Research Mentor Information** | |
| **Name:** | **Title:** |
| **Address:** | **Email:** |
| **Department:** | **Phone:** |
| **Faculty Associate Signature\*:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *\*By signing above, I confirm that I have read the Fulbright Faculty Associate Memo and agree to its contents. Health Insurance, Cost/Fees, and other Institutional Services are being verified by the Administrative Official as listed below.* | |
| **Health Insurance** | |
| U.S. Department of State (Fulbright Scholar Program) sponsors the J-1 visa and provides the participant with ASPE health coverage that meets J-1 visa requirements as described here: https://www.sevencorners.com/gov/usdos. The participant is also required to obtain health insurance meeting J visa requirements for all accompanying dependents. | |
| **Does this meet the minimum requirements for health insurance at your institution?** | Yes    No |
| *If****NO****, please provide information on your institution's requirements here, including web links or document attachments.* | |
| **Is the participant eligible for enrollment in the institution/university health insurance?** | Yes    No |
| **Is the participant *required* to purchase the institution/university health insurance?** | Yes    No |
| *If****YES****to either of the above two questions, what are the****costs****for such coverage?* | $270/month; more if dependents are included. |
| *Please detail any other information on any options available through your institution here, including web links or document attachments.* [*https://isss.uconn.edu/medical-insurance/*](https://isss.uconn.edu/medical-insurance/)*;* [*https://studenthealth.uconn.edu/wp-content/uploads/sites/1709/2021/05/2021-2022-UConn-Student-Health-Plan-SHIP.pdf*](https://studenthealth.uconn.edu/wp-content/uploads/sites/1709/2021/05/2021-2022-UConn-Student-Health-Plan-SHIP.pdf) | |
| **Comments:** Visiting scholars at UConn are eligible to purchase the UConn student health insurance plan, which provides comprehensive coverage including medical evacuation and repatriation of remains. They are not required to purchase it, however. | |
| **Costs/Fees** | |
| The majority of institutions/organizations do **NOT** charge affiliation fees for Fulbright Visiting Scholars. Please seek waivers when possible for affiliation fees. | |
| \*\*Does your institution have any required fees that cannot be waived?      If **YES**, please fill out the section below. | Yes    No |

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| **Type** | **Amount** | **Frequency** | **Is this fee Optional?** |
| **Affiliation/Administrative/Departmental Fees** | N/A | N/A | Yes    No |
| **Laboratory Fees, if applicable.** | N/A | N/A | Yes    No |
| **Other Fees (Please describe):** Health insurance as outlined above; Recreational Center facilities -- $35/month. |  |  | Yes    No |
| **Comments:** | | | |

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| **Access to Institution/University Services** | |
| Please indicate services this participant will have access to: | |
| **Work Space** | Yes    No |
| **Type of Work Space (if provided)** | Private Shared |
| **ID Card** | Yes    No |
| **Full borrowing privileges at the institutional libraries** | Yes    No |
| **Account for/access to computer facilities** | Yes    No |
| **Access to appropriate laboratories** | Yes    No |
| **Access to health services** | Yes    No |
| **Comments:** Off-campus health providers are located within walking distance to campus. | |
| **Housing/Location** | |
| While housing is the participant’s responsibility, any assistance or resources that can be provided by the host institution is encouraged and appreciated. Please indicate any services this participant will have access to: | |
| **On-campus Housing assistance** | Yes    No |
| *If****YES****, provide contact information/website:* | |
| **Off-campus Housing assistance** | Yes    No |
| *If****YES****, provide contact information/website:* [*https://offcampushousing.uconn.edu/*](https://offcampushousing.uconn.edu/) | |
| **Please list any additional resources that may assist the participant in researching or securing local housing:**  UConn does not provide direct assistance to secure off-campus housing, but the above link is a database of off-campus rentals. | |
| **Closest Airport(s):**Bradley Intl (BDL) in Windsor Locks, CT | |
| **Other Travel or Location notes:** Taxi or ride share service (Uber/Lyft) is the easiest way to get to campus from the airport. More information is found at https://isss.uconn.edu/prepare-for-arrival/#transportationtouconn | |
| **Visa Sponsorship** | |
| Fulbright Commission provides J-1 Visa sponsorship (Research Scholar category) to all Fulbright Visiting Scholars on behalf of the U.S. Department of State. |
| **Fulbright COVID-19 Policies** | |
| In keeping with the Fulbright Program’s mission of building mutual understanding through direct personal experience, fully online programs are not supported for Visiting Scholars. U.S. embassies will not issue J-1 visas for entry to the U.S. if the overall operating status of the host university is fully online. Please verify the following for this Fulbright Visiting Scholar’s proposed program: | |
| **Campus Overall Operating Status***(select one)* | Virtual Hybrid In-Person |
| **In-Person Engagement** The scholar will be able to hold regular in-person meetings with the faculty host and/or departmental community. | Yes    No |
| The scholar will have in-person access to required labs, libraries, or university buildings needed to successfully conduct research (and/or teaching if applicable). | Yes    No |

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| **University COVID-19 Policies** | |
| Is vaccination for COVID-19 required to gain access to your campus/site of research? | Yes    No |
| *Comments/Explanation:* | |
| Is regular testing for COVID-19 required to gain access to your campus/site of research? | Yes    No |
| *If****YES****, would your campus provide testing free of charge for this Fulbright Visiting Scholar?* | |
| *Comments/Explanation:* | |
| **Administrative Official** | |
| Please provide the contact information for the administrator who verified estimated costs indicated above. \*\*Administrators should be a Department Chair, Dean, International Student/Scholars officer or other comparable figure with budgetary oversight, as they must confirm the presence of any and all required costs in the fields listed above prior to the submission of this form. | |
| **Name:** | **Title:** |
| **Address:** | **Email:** |
| **Department:** | **Phone:** |
| **Administrative Official Signature\*:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *\*By signing above, I confirm that: a) I have read the Fulbright Administrative Official Memo and agree to its contents; and b)****I attest that I verified the accuracy of the affiliation costs and insurance requirements****outlined in this form for services associated with affiliation at my institution/organization.* | |