



קרן חינוך ארצות הברית-ישראל United States-Israel Educational Foundation

**INTER-COUNTRY PROGRAM**

Request for a Visiting Scholar

NAME OF SCHOLAR YOU WISH TO INVITE: \_\_\_\_\_

SCHOLAR'S SUBJECT AREA: \_\_\_\_\_

SCHOLAR'S HOME INSTITUTION (In U.S.): \_\_\_\_\_

SCHOLAR'S HOST COUNTRY (If Applicable): \_\_\_\_\_

REQUESTED DURATION OF STAY IN ISRAEL (One Week Minimum): \_\_\_\_\_

PREFERRED DATES OF VISIT:

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day / Month / Year Day / Month / Year

or

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day / Month / Year Day / Month / Year

or

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day / Month / Year Day / Month / Year

NAME OF INSTITUTION: \_\_\_\_\_

HOST DEPARTMENT/FACULTY: \_\_\_\_\_

HOST DEPARTMENT/FACULTY TELEPHONE: \_\_\_\_\_

HOST DEPARTMENT/FACULTY FAX: \_\_\_\_\_

HOST DEPARTMENT/FACULTY E.MAIL: \_\_\_\_\_

DEPARTMENTAL/FACULTY CONTACT PERSON: \_\_\_\_\_



Mail: P.O.B. 26160, Tel Aviv 61261 Tel: +972 3 517-2392 Fax: +972-3-516-2016 Email: [info@fulbright.org.il](mailto:info@fulbright.org.il)  
Web Site: <http://www.fulbright.org.il>

Please state the reasons your institution would like to invite this scholar and indicate the kind of activities you would like the scholar to undertake during his/her stay in Israel.

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Request Submitted by: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day / Month / Year Day / Month / Year

Title: \_\_\_\_\_

Request Endorsed by: \_\_\_\_\_  
Academic Secretary/Rector or equivalent