



NAME: _____

LOCATION OF RESIDENCE: _____

Fulbright Distinguished Awards in Teaching Program for International Teachers

\$ SURJUDP VSRQVRUHG E\ WKH 8 6 'HSDUWPHQW RI 6WDWH¶V %XUHD (ECA), with funding provided by the U.S. Government 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.

I certify that our school agrees to participate in the 2025-2026

Our school will provide assistance to our Fulbright participant by supporting the educator to in the semester-long Fulbright Distinguished Awards in Teaching Program for International Teachers in the United States in 2026. 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.

Name: _____ will be granted leave from August through December 2026

with pay

without pay

_____ during this time and will be re-instated upon the S D U W L F u s D o m e s t i c s c h o o l .

I recognize the importance of this program in the pursuit of advancement and development for the V F K R e d u c t o r s , and I support the H G X F D a r t i c i p a t i o n in the program.

Name of School Director _____

Signature of School Director _____

Date _____