

REGISTRATION FORM
FULBRIGHT U.S. STUDENT PROGRAM
Carnegie Mellon University

Name: _____

School: _____

Major(s)/Minor: _____

Expected date of graduation: _____ Current cumulative GPA: _____

Email address: _____ Phone: _____

Alternate email address (non-CMU): _____

Country to which you plan to apply (if undecided, list prospects):

Have you attended a Fulbright Information Session?

_____ Yes (list date: _____) ___ No

NAMES OF FACULTY MEMBERS WHO WILL RECOMMEND YOU

The Fulbright requires three letters of reference. Please list below who you plan to write on your behalf:

- 1) _____
- 2) _____
- 3) _____

NAME(S) OF WHO WILL ADVISE YOU ON COUNTRY & FIELD SPECIFIC EXPERTISE:

Not necessarily a letter writer, but someone who can provide advice and recommendations for your chosen country.

Name/Country: _____

Field: _____

PROPOSED PROJECT

On a separate page, describe your Fulbright research project idea(s). If you are applying for the creative arts, or to teach English as a foreign language, explain your reasons for applying for a Fulbright to the country you have chosen.

AFFILIATION(s) (FULL-GRANTS ONLY)

Affiliation(s) or potential affiliation sources if not identified.

- 1) _____
- 2) _____
- 3) _____