



NAME:

COUNTRY:

**SIGNATURE FORM**

**Instructions:** Please print this form, sign, and date it. Forward it to the Fulbright Program Office in your home country.

By my signature,

- I certify that the information given in this application is complete and accurate to the best of my knowledge.
- I understand that I am not entitled to hold, nor do I hold, U.S. citizenship or permanent residence.
- I understand that formal award of a grant is dependent upon my acceptance to a U.S. institution for study and my eligibility for a visa to the United States.
- Upon the completion of an authorized stay in the United States under the Foreign Fulbright Program, I agree to return to my home country for two (2) years to fulfill my home residency requirement.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date** (*Month/Day/Year*)