

NAME: _____

COUNTRY: _____



Fulbright Teaching Excellence and Achievement (TEA) Program

*A program of the U.S. Department of State's the Bureau of Educational and Cultural Affairs (ECA)
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. The form must be hand signed.

I certify that our school agrees to participate in the 2019 Fulbright Teaching Excellence and Achievement (TEA) Program funded by the U.S. Department of State's Bureau of Educational and Cultural Affairs and administered by IREX, in the event that our teacher is selected for participation in the program.

Our school will provide assistance to our Fulbright TEA participant by supporting him or her to participate in the six-week Fulbright TEA program in the United States in 2019. I understand that program activities will include an intensive professional development program at a U.S. university, including academic coursework, leadership training, customized seminars, intensive training in teaching methodologies, strategies for diverse school environments, lesson plan development, and instructional technology. The program will also include opportunities for participants to observe, co-teach, and share their expertise with teachers and students in U.S. schools.

Ms./Mr. _____ will be granted leave

with pay

without pay

during this time and will be re-instated upon his or her return to the school.

I recognize the importance of this program in the pursuit of advancement and development for the school's teachers, and I support the applicant's participation in the program.

Name of School Director _____

Signature of School Director (**must be hand signed**) _____

Date _____