



Program: DDRA
 Institution:
 Award #:
 Project Director:

Grant Start Date:
 Grant End Date:
 Final Report Due Date:
 Submit Date:
 Amount: \$ 0

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Project Information

Review and edit the project information and contact information for the project director. To change the name or email of your project director, contact your program officer for assistance.

* Required fields

Name:

Title:

Street: *

Street 2:

City: *

State:

Postal code: *

Phone: *

Fax:

Email:

Web address:

Home institution:

Project title: *

World area:

Program officer: ()

These items are populated from your fellows' information.

Languages *

Countries *

Disciplines *

Save

Save and Continue

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Additional Users

To add a user with permission to edit reports for this project, enter the person's first name, last name and email address. The system will email login information to each added user.

To remove a user, clear the fields and click "Save."

* Required fields

First Name *	Last Name *	Title	Phone	Email *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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International Education Programs Service
U.S. Department of Education
Office of Postsecondary Education
1990 K Street, N.W., Washington, DC 20006-8521
Phone: (202) 502-7700



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Create a Fellow

Create a record for each fellowship awarded as early as possible in the award cycle.

First name: *

Last name: *

Email address: *

Fellowship start date: * (mm/dd/yyyy format)

Fellowship end date: *

Fellow report due date: *

Fellow's Fulbright-Hays DDRA budget: * \$

World area: *

[Save](#)

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Grant Activation Request

For each fellow, complete and submit a Grant Activation Request to IEPS for approval. Click the "Submit to IEPS" button at the bottom of the page to submit the GAR. You may update the information on this page after it is submitted until the GAR is approved by your program officer. To make changes to an approved GAR, contact your program officer.

Grant activation requests MUST be submitted to IEPS at least 30 days prior to departure.

* Required fields

Fellow's name:

Date advanced to candidacy: * (mm/dd/yyyy)

Insurance coverage start date: *

Insurance coverage end date: *

	Research Countries	Duration of Stay in Months	Research Visa Status *	Visa Issued Date	Research Permission Status *	Research Permission Issue Date	Embassy Notification Date
Primary *	Select one <input type="text"/>	<input type="text"/>	<input type="text"/> Issued <input type="text"/> NA	<input type="text"/>	<input type="text"/> Received <input type="text"/> NA	<input type="text"/>	<input type="text"/>
	Select one <input type="text"/>	<input type="text"/>	<input type="text"/> Issued <input type="text"/> NA	<input type="text"/>	<input type="text"/> Received <input type="text"/> NA	<input type="text"/>	<input type="text"/>
	Select one <input type="text"/>	<input type="text"/>	<input type="text"/> Issued <input type="text"/> NA	<input type="text"/>	<input type="text"/> Received <input type="text"/> NA	<input type="text"/>	<input type="text"/>
	Select one <input type="text"/>	<input type="text"/>	<input type="text"/> Issued <input type="text"/> NA	<input type="text"/>	<input type="text"/> Received <input type="text"/> NA	<input type="text"/>	<input type="text"/>
	Select one <input type="text"/>	<input type="text"/>	<input type="text"/> Issued <input type="text"/> NA	<input type="text"/>	<input type="text"/> Received <input type="text"/> NA	<input type="text"/>	<input type="text"/>
	Select one <input type="text"/>	<input type="text"/>	<input type="text"/> Issued <input type="text"/> NA	<input type="text"/>	<input type="text"/> Received <input type="text"/> NA	<input type="text"/>	<input type="text"/>
	Select one <input type="text"/>	<input type="text"/>	<input type="text"/> Issued <input type="text"/> NA	<input type="text"/>	<input type="text"/> Received <input type="text"/> NA	<input type="text"/>	<input type="text"/>

NA = Not Applicable

Enter all dates in mm/dd/yyyy format.

Comments: (limit 1,000 characters and spaces)

Research Involving Human Subjects - IRB Approval

Required

* Exemption number

Approval date
 (mm/dd/yyyy)

OR

* Assurance of compliance number

Expedited review date

Not required

Fellow's Departure Itinerary

This is the itinerary for traveling to the host countries.

Departure Date (mm/dd/yyyy)	From City	From State or Country	Arrival Date (mm/dd/yyyy)	To City	To State or Country	Airline/Flight Number

Fellow's Return Itinerary

This is the itinerary for traveling from the host countries.

Departure Date (mm/dd/yyyy)	From City	From State or Country	Arrival Date (mm/dd/yyyy)	To City	To State or Country	Airline/Flight Number

[Save](#) [Save and Return to List](#) [Submit to IEPS](#)