

Institutional Reply Form (IRF) - Fulbright Visiting Scholars Program

This participant has been nominated to conduct research and/or teach in the US under a J-1 visa sponsored by the US Department of State administered by the Institute of International Education. If your institution/organization agrees to host this participant, please complete this form.

Participant Name: Mr. Rudy Agung Nugroho

Grant Start Date: June 1, 2021

Participant's Home Country: Indonesia

Grant End Date: November 30, 2021

Project Title: Partial and Complete Replacement of Fish Meal by Black Soldierfly (*Hermetia illucens*) Larvae for Juvenile Nile Tilapia (*Oreochromis niloticus*)

Host Institution/Organization: University of Arkansas at Pine Bluff

If applicable, insert link to your university's academic calendar:
Faculty Associate/Research Mentor Information
Name: Rebecca Lochmann

Title: Chair

Address: 1200 N. University Drive, Mail Slot 4912, Pine Bluff, AR 71601

Email: lochmannr@uapb.edu

Department: Department of Aquaculture and Fisheries

Phone: +1 870 575 8124

Faculty Associate Signature*:

Date:

January 4, 2021

**By signing above, I confirm that I have read the Fulbright Faculty Associate Guidelines and agree to its contents. Health Insurance, Cost/Fees, and other Institutional Services are being verified by the Administrative Official as listed below.*

Health Insurance

U.S. Department of State (Fulbright Scholar Program) sponsors the J-1 visa and provides the participant with ASPE health coverage that meets J-1 visa requirements as described here: <https://www.sevencorners.com/gov/usdos>. The participant is also required to obtain health insurance meeting J visa requirements for all accompanying dependents.

Does this meet the minimum requirements for health insurance at your institution?
 Yes No

If NO, please provide information on your institution's requirements here, including web links or document attachments.

Is the participant eligible for enrollment in the institution/university health insurance?
 Yes No

Is the participant *required* to purchase the institution/university health insurance?
 Yes No

*If YES to either of the above two questions, what are the **costs** for such coverage?*

Please detail any other information on any options available through your institution here, including web links or document attachments.

Comments:
Costs/Fees

The majority of institutions/organizations do **NOT** charge affiliation fees for Fulbright Visiting Scholars. Please seek waivers when possible for affiliation fees.

**Does your institution have any required fees that cannot be waived? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES , please fill out the section below.			
Type	Amount	Frequency	Is this fee Optional?
Affiliation/Administrative/Departmental Fees			<input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratory Fees			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Fees (Please describe):			<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			
Access to Institution/University Services			
Please indicate services this participant will have access to:			
Work Space	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Work Space (if provided)	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Shared		
ID Card	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Full borrowing privileges at the institutional libraries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Account for/access to computer facilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Access to appropriate laboratories	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Access to health services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:			
Housing/Location			
While housing is the participant's responsibility, any assistance or resources that can be provided by the host institution is encouraged and appreciated. Please indicate any services this participant will have access to:			
On-campus Housing assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If YES, provide contact information/website: Piney Woods Apartments, https://www.apartmentfinder.com/Arkansas/Pine-Bluff-Apartments/Piney-Woods-Apartments</i>			
Off-campus Housing assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If YES, provide contact information/website: https://www.apartments.com/pine-bluff-ar/</i>			
Please list any additional resources that may assist the participant in researching or securing local housing: R. Lochmann lab will assist (lochmannr@uapb.edu)			
Closest Airport(s): Little Rock, Arkansas (LIT)			
Other Travel or Location notes: Host will transport scholar to and from the airport			
Is your institution located on a U.S. Military Base?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Administrative Official			
Please provide the contact information for the administrator who verified estimated costs indicated above. **Administrators should be a Department Chair, Dean, International Student/Scholars officer or other comparable figure with budgetary oversight, as they must confirm the presence of any and all required costs in the fields listed above prior to the submission of this form.			
Name: Rebecca Lochmann	Title: Chair		
Address: 1200 North University Drive, Pine Bluff, AR 71601	Email: lochmannr@uapb.edu		
Department: Aquaculture and Fisheries	Phone: 1-870-575-8124		

Administrative Official Signature*:

Rebecca Lockman

Date:

January 4, 2021

By signing above, I confirm that: a) I have read the Fulbright Administrative Official Memo and agree to its contents; and b) **I attest that I verified the accuracy of the affiliation costs and insurance requirements outlined in this form for services associated with affiliation at my institution/organization.*