



**Campus Reviewers List**  
**Institute of International Education**  
1400 K Street, NW, 7th Floor, Washington, DC 20005-2403

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Please print or type this form. List the name, title, and academic department of all Boren Scholarship on-campus reviewers. Please also list your phone and fax numbers.

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**Campus Representative/Academic Advisor:**

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Title: \_\_\_\_\_

Academic  
Department: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**On-Campus Reviewers:**

• Name: \_\_\_\_\_

Title: \_\_\_\_\_

Academic  
Department: \_\_\_\_\_

• Name: \_\_\_\_\_

Title: \_\_\_\_\_

Academic  
Department: \_\_\_\_\_

• Name: \_\_\_\_\_

Title: \_\_\_\_\_

Academic  
Department: \_\_\_\_\_

• Name: \_\_\_\_\_

Title: \_\_\_\_\_

Academic  
Department: \_\_\_\_\_