

STUDY OF THE UNITED STATES INSTITUTES FOR SCHOLARS

SUMMER OF 2011

APPLICATION

TITLE OF THE INSTITUTE

NAME (as it appears on passport):

DATE OF BIRTH: (Month, Day, Year)

CITY OF BIRTH: _____

COUNTRY OF BIRTH: _____

COUNTRY OF RESIDENCE: _____

COUNTRY OF CITIZENSHIP: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____

CELL PHONE: _____

E-MAIL ADDRESS: _____

GENDER: _____

MEDICAL, PHYSICAL, DIETARY OR OTHER PERSONAL CONSIDERATIONS (No physical examination is required to participate in this program):

CURRENT POSITION AND TITLE:

CURRENT INSTITUTIONAL AFFILIATION AND COMPLETE ADDRESS:

WORK EXPERIENCE, INCLUDING PREVIOUS POSITIONS AND TITLES:

EDUCATION, ACADEMIC AND PROFESSIONAL TRAINING INCLUDING DEGREES EARNED AND FIELD OF SPECIALIZATION:

ACTIVE PROFESSIONAL MEMBERSHIPS:

SHORT LIST OF RELEVANT PUBLICATIONS: (Please choose no more than five to ten of your most important publications).

PREVIOUS EXPERIENCE IN THE UNITED STATES: (Please list all trips you have made to the United States and include approximate dates and reason for travel).

FAMILY RESIDING IN THE UNITED STATES:

(Please list any immediate family members who are currently residing in the United States, including city and state.

EVIDENCE OF ENGLISH FLUENCY:

(Please list any English test scores you have received, if you have taken any English exams in the last three years).

PLEASE DESCRIBE THE EXTENT OF CURRENT OR PROJECTED U.S. STUDIES COURSE CONTENT AND MATERIALS BEING TAUGHT OR DEVELOPED AT YOUR INSTITUTIONS:

LIKELY RELEVANCE OF THE PROGRAM TO YOUR PROFESSIONAL RESPONSIBILITIES:

THE POTENTIAL IMPACT OF YOUR PARTICIPATION ON THE DEVELOPMENT OF THE STUDY OF THE U.S. AT YOUR INSTITUTION:

SHORT PERSONAL STATEMENT: (no more than 1 double-spaced page, including why you are interested in participating in the program and what you expect to get out of it)

