



2018 Study of the United States Institutes (SUSI) Secondary School Educators Application Form

A. Title of Institute

- Secondary School Educators
 Classroom Teachers
 Administrators (e.g. Teacher Trainers, Curriculum Developers, Textbook writers, and Ministry of Education Officials)

B. Nominee's Full Name, exactly as it appears on candidate's passport

Prefix: Dr., Miss, Mr., Mrs., Ms., Prof.

Last Name:

First Name:

Middle Name:

C. Gender

- Male
 Female

D. Date of Birth (Type mm/dd/yyyy)

E. Birth City

F. Birth Country

G. Country of Citizenship

Primary:

Secondary (if applicable):

H. Residency

I. Medical, Physical, Dietary, or other Personal Considerations:

Disability:

- Blind & Visual Impairments
 Deaf & Hearing Impairments
 Learning Disabilities

- New Disabilities Description
- Physical Disabilities
- Psychiatric Disabilities
- Systemic Disabilities

Please describe any pre-existing medical conditions, including any prescription medication the candidate may be taking, or any other dietary or personal consideration.

This will not affect candidate selection, but will enable the host institution to make any necessary accommodations.

J. Candidate Contact Information

Address:

City:

Home Province:

Postal Code:

Home Country Name:

Email:

*If you do not have an active email address, please create one prior to submitting your application and indicate it here.

Phone:

Emergency Contact Phone:

Emergency Contact Name and Relationship:

Emergency Contact Email:

K. Current Position, Title, Institution

Primary Position:

- Public Secondary School Teacher
- Private Secondary School Teacher
- National Curriculum/Exam
- Teacher Trainer
- Textbook Writer
- Other

Title:

Organization Name:

Organization Country:

L. Work Experience, including previous positions and titles

From	To	Title/Institution (Please specify if
------	----	--------------------------------------

		position is part-time)

M. Education, Academic and Professional Training:

Please list all earned degrees and any and all current teacher qualifications you have such as certificates, licensures beginning with the most recent. Degrees and teacher qualifications listed should reflect the closest United States equivalent.

Degree Earned	Year Earned	Specialization/Institution/Teacher Qualification Expiration Date
<input type="checkbox"/> Ph.D./J.D. <input type="checkbox"/> Doctoral Candidate/ABD/Post-Graduation <input type="checkbox"/> M.A. /M.S. <input type="checkbox"/> B.A. /B.S. <input type="checkbox"/> Associates/2-year Degree		

*Add Earned Degree

Additional Professional Training

N. Active Professional Memberships:

Active Professional Memberships Independent of current professional responsibilities. These should not include university committee work or other professional duties directly related to current employment.

Position	Title	Organization
<input type="checkbox"/> President/Board chairperson/Director <input type="checkbox"/> Board Member <input type="checkbox"/> Editorial Staff/Officer <input type="checkbox"/> Contributing Member <input type="checkbox"/> Member		

O. Publications Related to the Institute Theme (up to 10)

Please list all foreign titles in English, including whether book, chapter, journal article, newspaper article, web article, etc.

Publication Type	Year	Title Publisher
<input type="checkbox"/> Book <input type="checkbox"/> Edited Volume (Primary/Co-Editor) <input type="checkbox"/> Book Chapter <input type="checkbox"/> Journal Article <input type="checkbox"/> Newspaper/Online Article		

<input type="checkbox"/> Conference/University/Gov't P		
--------------------------------------------------------	--	--

*Add Professional Publication

P. Previous Experience in the United States

Have you traveled to the U.S. before:

Purpose	From	To	Description
<input type="checkbox"/> Earned Ph.D. <input type="checkbox"/> Earned M.A/M.S./ <input type="checkbox"/> Earned B.A/B.S. <input type="checkbox"/> Other USG Grant/Visiting P <input type="checkbox"/> Non-degree study in U.S. <input type="checkbox"/> English Language Training <input type="checkbox"/> Short-term Travel (Conference)			

*Add Prior U.S. Experience

Q. Family/Friends Residing in the United States

Do you have close family residing in the U.S.?

If yes, please fill out the following section; if no, please write "None".

Note: Having close family residing in the U.S. will not affect candidate's selection.

*Please include city and state (Example: John Doe – Chicago, IL)

R. Evidence of English Fluency

S. Professional Responsibilities

Please discuss your professional responsibilities in greater detail, including research interests, administrative responsibilities (ex. Curriculum design), and/or other pertinent information.

--

Current Courses Taught:

Course Title	Level of Students	Classroom Hours Per Semester	U.S. Studies Content (%)
	<input type="checkbox"/> Ph.D. <input type="checkbox"/> Masters	<input type="checkbox"/> Undergraduate <input type="checkbox"/> High School	
	<input type="checkbox"/> Ph.D. <input type="checkbox"/> Masters	<input type="checkbox"/> Undergraduate <input type="checkbox"/> High School	
	<input type="checkbox"/> Ph.D. <input type="checkbox"/> Masters	<input type="checkbox"/> Undergraduate <input type="checkbox"/> High School	

Current Extra-Curricular/Co-Curricular Activities Leadership:

Activity	Position	From	To	Description of Duties

Other Potential Outcomes:

Please select any likely potential professional outcomes of this program.

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Update Existing Course
<input type="checkbox"/> School Curriculum Redesign
<input type="checkbox"/> New Publication
<input type="checkbox"/> New Professional Organization
<input type="checkbox"/> Create New Course
<input type="checkbox"/> National Curriculum Redesign | <input type="checkbox"/> Professional Promotion
<input type="checkbox"/> New Institutional Linkages
<input type="checkbox"/> Create New Degree Program
<input type="checkbox"/> New Research Project
<input type="checkbox"/> Government or Ministry Policy
<input type="checkbox"/> Raise Institutional Profile |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

S. Professional Responsibilities

Please discuss your professional responsibilities in greater detail, including research interests, administrative responsibilities (ex. Curriculum design), and/or other pertinent information.

--

T. Personal Essay (Limit 250 word)

Please discuss why you wish to participate in this program. Include your current personal teaching philosophy, how your participation in the institute will enhance your work, in education about the United States in your community, and help you achieve the “Other Potential Outcomes” you have checked above.

**Please return completed form to papacademicprograms@state.gov by
Saturday, December 30, 2017**