**Study of the United States Institutes (SUSI) **

**Scholar Nomination Form**

U.S. Embassies/Consulates and Fulbright Commissions may distribute this form to potential applicants as part of the Study of the U.S. recruitment process.  Final nominations must be submitted by the U.S. Embassy or Consulate via the Study of the U.S. SharePoint Site as indicated in the call for nomination cable.

Potential nominees should direct all questions to the U.S. Embassies/Consulates and Fulbright Commission in your country.

A. Title of Institute:

Please Select

B. Nominee’s Full Name, exactly as it appears on candidate’s Passport

Prefix: Please Select

Last Name: 

First Name: 

Middle Name: 

C. Gender:

[ ]  Male

[ ]  Female

D. Date of Birth: Click here to enter a date.

E. Birth City: 

F. Birth Country: Please Select

G. Citizenship:

Primary: Please Select

Secondary (if applicable): Please Select

H. Current Country of Residence:

Please Select

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

Please Select

*Please describe any pre-existing medical conditions, including any prescription medication the candidate may be taking, allergies, or other dietary or personal consideration. This will not affect candidates’ selection, but will enable the host institute to make any necessary accommodations.*



J. Candidate Contact Information:

Address: 

(No P.O. Box) 

 

City: 

Home State or Province: 

Postal Code: 

Home Country: Please Select

Email:  \*Required

Phone:  Numbers only. For example: 1234567890

Emergency Contact Name and Relationship:  For example: John Doe, Husband

Emergency Contact Phone:  Numbers only.

Emergency Contact Email: 

K. Current Position, Title, Institute:

Position Type:

[ ]  Senior University Official (President, Provost), Government Minister, Senior Executive, etc

[ ]  University Dean, Government Advisor, Vice-President, Junior Executive

[ ]  Senior Professor, Department Chair, Director, Editor, Officer, etc

[ ]  Associate Professor, Senior Researcher/Think-Tank Fellow, Senior Staff, etc

[ ]  Assistant Professor, Assistant Editor, Coordinator, Mid-Level Staff Researcher/Think-Tank Fellow, etc

[ ]  Lecturer, Teacher, Consultant

[ ]  Teaching Assistant, Instructor

[ ]  Other

Title: 

Organization’s Name: 

Organization’s Country: Please Select

L. Work Experience, including previous positions and titles:

|  |  |  |
| --- | --- | --- |
| From: | To: | Title/Organization (Please specify if position is part-time) |
| Click here to enter a date. | Click here to enter a date. |  |
| Click here to enter a date. | Click here to enter a date. |  |
| Click here to enter a date. | Click here to enter a date. |  |
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| Click here to enter a date. | Click here to enter a date. |  |
| Click here to enter a date. | Click here to enter a date. |  |

M. Education, Academic, and Professional Training:

*Please list all earned degrees beginning with most recent. Degrees listed should reflect the closest U.S. equivalent.*

|  |  |  |
| --- | --- | --- |
| Degree Earned | Year Earned | Specialization/Institute |
| Please Select |  |  |
| Please Select |  |  |
| Please Select |  |  |
| Please Select |  |  |

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 |
| Please Select |  |  |
| Please Select |  |  |
| Please Select |  |  |
| Please Select |  |  |
| Please Select |  |  |
| Please Select |  |  |
| Please Select |  |  |
| Please Select |  |  |
| Please Select |  |  |
| Please Select |  |  |

O. Publications Related to the Institute Theme:

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

|  |  |  |
| --- | --- | --- |
| Publication Type | Year | Title/Publisher |
| Please Select |  |  |
| Please Select |  |  |
| Please Select |  |  |
| Please Select |  |  |
| Please Select |  |  |
| Please Select |  |  |
| Please Select |  |  |
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| Please Select |  |  |
| Please Select |  |  |

P. Previous Experience in the United States:

*Have you traveled to the U.S. before?* Yes [ ]  No [ ]

*If yes, please fill out following section.*

|  |  |  |  |
| --- | --- | --- | --- |
| Purpose | From | To | Description |
| Please Select | Click here to enter a date. | Click here to enter a date. |  |
| Please Select | Click here to enter a date. | Click here to enter a date. |  |
| Please Select | Click here to enter a date. | Click here to enter a date. |  |
| Please Select | Click here to enter a date. | Click here to enter a date. |  |
| Please Select | Click here to enter a date. | Click here to enter a date. |  |

Q. Family Residing in the United States:

*Do you have close family residing in the United States?* Yes [ ]  No [ ]

*If yes, please fill out the following section.*

*Note: Having close family residing in the U.S. will not affect candidate’s nomination.*

*\*Please include city and state (Ex. 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 | Number of Students | U.S. Studies Content (%) |
|  | Please Select |  |  |  |
|  | Please Select |  |  |  |
|  | Please Select |  |  |  |
|  | Please Select |  |  |  |
|  | Please Select |  |  |  |
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|  | Please Select |  |  |  |
|  | Please Select |  |  |  |
|  | Please Select |  |  |  |
|  | Please Select |  |  |  |

Current Student Advising:

*Advising is not the same as teaching. We are looking for the number of students, their level, and hours the nominee spends providing assistance in helping students clarifying personal and career goals, and evaluating progress towards those goals. This section can also include those that supervise Ph.D. and graduate students.*

|  |  |  |
| --- | --- | --- |
| Number of Students advised studying U.S. related topics | Level of Students | Hours of advising per student per year |
|  | Please Select |  |
|  | Please Select |  |
|  | Please Select |  |
|  | Please Select |  |

Other Potential Outcomes:

*Please select any likely potential professional outcomes of this program.*

[ ]  Update existing course [ ]  School curriculum redesign

[ ]  New publication [ ]  New professional organization

[ ]  Create new course [ ]  National curriculum redesign

[ ]  Professional promotion [ ]  New institutional linkages

[ ]  Create new degree program [ ]  New research project

[ ]  Government or ministry policy [ ]  Raise institutional profile

T. Personal Essay (Limit 250 words):

*Please discuss how your participation would enhance your personal and professional goals, the current state of the U.S. studies in your home country, or upon the institute. Include how attending this Institute would help you achieve the “Other Potential Outcomes” you have checked above.*



**THE FOLLOWING TWO SECTIONS ARE TO BE COMPLETED BY U.S. EMBASSEY AND FULBRIGHT COMMISSION ONLY. NOMINEES SHOULD STOP FILLING OUT THIS FORM HERE.**

U. Statement by Commission/Post Justifying Participation of Nominee in the Institute: (Limit of 250 word each)

*(1) Please discuss why this candidate has been nominated above all other candidates, and how this candidate’s participation fits into the Post’s current efforts to promote a greater understanding of the United States.*



*(2) Please discuss how the nominee’s participation is relevant to the Post’s Mission Goals, and what sort of on-going collaboration the Post anticipates having with either the nominee or his/her institute in the future.*



V. Post or Commission Action Officer:

*The person whom ECA/A/E/USS should contact with all inquires about the nomination.*

Post/Commission: Please Select

Post Country: Please Select

Region: Please Select

Post Contact Name: 

Post Contact Email: 

Secondary Post Contact Name: 

Secondary Post Contact Email: 

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