****

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

**Scholar Nomination Form**

A. Title of Institute:

B. Full Name, exactly as it appears on your 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, dietary restrictions (vegan, vegetarian, Halal, Kosher, etc.) or other 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: 

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. |  |
| 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. |  |
| 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. |  |
| 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 |  |  |
| Please Select |  |  |
| 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 |  |  |  |
|  | Please Select |  |  |  |
|  | 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 :*