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

**Secondary Educator 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. Nominee’s Full Name (As it appears on their Passport):

Prefix:

Last Name:

First Name:

Middle Name:

B. Gender:

C. Date of Birth:

D. Birth City:

E. Birth Country:

F. Citizenship:

Primary:

Secondary (if applicable):

G. Current County of Residence:

H. Medical, Physical, Dietary, or Other Personal Considerations:

*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.*

I. Candidate Contact Information:

Address:

No P.O. Box

City:

Home State or Province:

Postal Code:

Home Country:

Email: \*Required

Phone

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

Emergency Contact Number:

Emergency Contact Email:

J. Current Position, Title, and Organization:

Primary Position:

Public Secondary School Teacher Private Secondary School Teacher

National Curriculum/Exam Developer Teacher Trainer

Textbook Writer Other

Title:

Organization Name:

Organization Country:

K. Work experience, including previous positions and titles:

*Add rows if necessary*

|  |  |  |
| --- | --- | --- |
| **From:** | **To:** | **Title/Institution (Please specify if position is part time)** |
|  |  |  |

L. 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. Add rows if necessary.*

|  |  |  |  |
| --- | --- | --- | --- |
| Degree Earned/Qualification Type | Year Earned | Specialization/Institute/Issuing Agency | Teacher Qualification Expiration Date |
|  |  |  |  |

Additional Professional Training:

M. 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. Add rows if necessary.*

|  |  |  |
| --- | --- | --- |
| Position | Title | Organization |
|  |  |  |

N. Publications Related to the Institute Theme:

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

|  |  |  |
| --- | --- | --- |
| Publication Type | Year | Title Publisher |
|  |  |  |

O. Previous Experience in the United States:

*Have you traveled to the U.S. before?*

*If yes, please fill out the following section. Add rows if necessary.*

|  |  |  |  |
| --- | --- | --- | --- |
| Purpose | From | To | Description |
|  |  |  |  |

P. Family 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 nomination.*

*\*Please include city and state (Ex. John Doe – Chicago, IL)*

Q. Evidence of English Fluency: Attach certificate.

R. Professional Responsibilities:

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

Current Courses Taught:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course Title: | Level of Students | Classroom Hours per Semester | Number of Students | U.S. Studies Content (%) |
|  |  |  |  |  |

Current Extra-Curricular/Co-Curricular Activities Leadership:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity | Position/Title | From | To | Description of Duties Performed |
|  |  |  |  |  |

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

S. Personal Essay: (Limit 250 words)

*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, improve education about the United States in your community, and 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.**

T. 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.*

U. ¿How did you learn about this award?

Through a friend/relative:

My university:

Fulbright social media:

Fulbright mailing:

Fulbright / Education USA webpage:

US Embassy mailing/social media:

Fulbright/Education USA outreach event:

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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