



Study of the United States Institutes (SUSI)



Secondary Educator Nomination Form

This form is to be used for in-country recruitment by U.S. Embassies/Consulates and Fulbright Commissions only. The final nomination 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: Please Select

Last Name:

First Name:

Middle Name:

B. Gender:

Male

Female

C. Date of Birth: [Click here to enter a date.](#)

D. Birth City:

E. Birth Country: Please Select

F. Citizenship:

Primary: Please Select

Secondary (if applicable): Please Select

G. Current County of Residence:

Please Select

H. 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.

I. 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 Number: Numbers only.

Emergency Contact Email:

J. Current Position, Title, and Organization:

Primary Position:

- | | |
|---|---|
| <input type="checkbox"/> Public Secondary School Teacher | <input type="checkbox"/> Private Secondary School Teacher |
| <input type="checkbox"/> National Curriculum/Exam Developer | <input type="checkbox"/> Teacher Trainer |
| <input type="checkbox"/> Textbook Writer | <input type="checkbox"/> Other |

Title:

Organization Name:

Organization Country: Please Select

K. Work experience, including previous positions and titles:

From:	To:	Title/Institution (Please specify if position is part time)
Click here to enter a date.	Click here to enter a date.	<input type="text"/>
Click here to enter a date.	Click here to enter a date.	<input type="text"/>
Click here to enter a date.	Click here to enter a date.	<input type="text"/>
Click here to enter a date.	Click here to enter a date.	<input type="text"/>
Click here to enter a date.	Click here to enter a date.	<input type="text"/>

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.	

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.

Degree Earned/Qualification Type	Year Earned	Specialization/Institute/Issuing Agency	Teacher Qualification Expiration Date
Please Select			Click here to enter a date.
Please Select			Click here to enter a date.
Please Select			Click here to enter a date.
Please Select			Click here to enter a date.
Please Select			Click here to enter a date.
Please Select			Click here to enter a date.
Please Select			Click here to enter a date.
Please Select			Click here to enter a date.
Please Select			Click here to enter a date.
Please Select			Click here to enter a 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.

Position	Title	Organization
Please Select		
Please Select		
Please Select		
Please Select		
Please Select		
Please Select		
Please Select		
Please Select		
Please Select		
Please Select		

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.

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.	

P. Family Residing in the United States:

Do you have close family residing in the U.S.? Yes No

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:

R. Professional Responsibilities:

	Please Select			
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Current Extra-Curricular/Co-Curricular Activities Leadership:

Activity	Position/Title	From	To	Description of Duties Performed
	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.	
	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.	

Other Potential Outcomes:

Please select any likely potential professional outcomes of this program.

Update existing course

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. 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. 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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