 Study of the U.S. Institutes (SUSIs) for Scholars and Secondary Educators Nomination Form

\* Required

1. Select the SUSI Institute: \*

SUSI for Secondary Educators

SUSI for Scholars

3. Select the Theme of the SUSI Institute (Scholars): \*

U.S. Culture, Identity, and Society

Journalism and Media

American Politics and Political Thought

U.S. Foreign Policy

Contemporary American Literature

SECTION A: CANDIDATE INFORMATION

Please provide information exactly as it appears in the candidate's passport.

4. Surname (Last Name): \*

|  |
| --- |
|  |

5. Given Name(s): \*

|  |
| --- |
|  |

6. Gender: \*

Female

Male

Non-binary

Other

|  |
| --- |
|  |

7. Date of Birth: \*

|  |
| --- |
|  |

Format M/D/YYYY

8. City of Birth: \*

|  |
| --- |
|  |

9. Country of Birth: \*

|  |
| --- |
|  |

Citizenship:

10. Primary Citizenship: \*

|  |
| --- |
|  |

11. Country of Residence: \*

|  |
| --- |
|  |

12. Secondary Citizenship (if applicable):

|  |
| --- |
|  |

Candidate Contact Information:

13. Street Address: \*

|  |
| --- |
|  |

14. City: \*

|  |
| --- |
|  |

15. State/Province: \*

|  |
| --- |
|  |

16. Postal Code:

|  |
| --- |
|  |

17. Country: \*

|  |
| --- |
|  |

19. Email Address: \*

|  |
| --- |
|  |

Medical, Physical, Dietary, or other Personal Considerations:

This will not affect a candidate's selection, but will enable the host institution to make any necessary accommodations. Please indicate if the candidate has a disability.

20. Please indicate if the candidate has a disability. \*

None

Blind or Visual Impairments

Deaf or Hearing Impairments

Learning Disability

Physical Disability

Psychiatric Disability

Systemic Disability

Other

|  |
| --- |
|  |

21. Please describe any pre-existing medical conditions, including any prescription medication required, dietary restrictions, or personal considerations. \*

|  |
| --- |
|  |

Experience in the United States:

22. Has the applicant traveled to the United States before? \*

Yes

No

23. If yes, please list any previous travel to the United States for the purposes of tourism/vacation, conferences, educational study, or previous ECA related grants. Provide dates/duration, purpose of visit(s), and location. (Example: July 4-14, 2019 Tourism to Washington, D.C.; December 1-15 2018, Short Term Study Abroad to New York City, NY.)

|  |
| --- |
|  |

24. Has the applicant previously participated in or been accepted into a U.S. Department of State sponsored program? \*

Yes

No

25. If Yes, please provide the name of the program and the dates. \*

|  |
| --- |
|  |

26. Family Residing in the United States (if applicable):

Please include relation information, city, and state. (Example: Jane Doe, sister- Denver, CO)

|  |
| --- |
|  |

SECTION B: CANDIDATE BACKGROUND

27. Education: \*

Please list all earned degrees beginning with the most recent.

Each entry should include the following information:

• Degree Earned (Degrees should reflect the closest U.S. equivalent.)

• Year Awarded

• Specialization

• Institution

(Example: Master's; 2019; International Relations; American University)

|  |
| --- |
|  |

28. Additional Academic/Professional Training/ Workshops: \*

|  |
| --- |
|  |

29. Current Role/Job Title: \*

|  |
| --- |
|  |

30. Institution/Organization Name: \*

|  |
| --- |
|  |

31. Institution/Organization Country: \*

|  |
| --- |
|  |

32. Work History: \*

Please limit work experience to the FIVE most recent job positions. Please provide the following information for each entry:

• Institution

• Dates of Employment (Month/Year-Month/Year)

• Title/Position (please specify if part-time)

(Ex. American University; 01/2019-01/2020; Professor of International Relations)

|  |
| --- |
|  |

33. Professional Responsibilities: \*

Nominees should discuss professional responsibilities in greater detail, including research interests, administrative responsibilities (example: curriculum design), and/or other pertinent information not included in the section above.

|  |
| --- |
|  |

34. Current Courses Taught: \*

If the candidate is not currently teaching courses, please indicate NOT APPLICABLE.

Please include the following information for each course:

• Course Title

• Indicate Level of Students (Secondary School Students/Undergraduate Students/Graduate Students)

• Classroom Hours per Semester

• Number of Students

• Percent of U.S. Studies Content

|  |
| --- |
|  |

35. Current Student Advising:

Advising is not the same as teaching. If the candidate advises students please input the number of students, their level, and hours the candidate 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.

Please include the following information:

• Number of Students Advised Studying U.S. Related Topics

• Indicate Level of Students (Secondary School Students/Undergraduate Students/Graduate Students)

• Hours of Advising Per Student Per Year

|  |
| --- |
|  |

36. Publications Related to the Institute Theme:

Please list all foreign titles in English, including whether the publication was a book, chapter, journal article, newspaper article, etc. Please only list publications within the last five years.

|  |
| --- |
|  |

37. Active Memberships in Professional Associations:

Please limit to three most relevant. Provide the position and organization.

(Example: President, Washington Educational Professionals Association.)

|  |
| --- |
|  |

38. Other Leadership Positions Beyond Professional Duties:

Please provide the activity, position/title, year started, year completed, and the description of duties.

|  |
| --- |
|  |

39. Potential Outcomes: \*

Please select any likely potential professional outcomes of this program:

Create New Course

Create New Degree Program

School Curriculum Redesign

National Curriculum Redesign

New Research Project

New Publication

Professional Promotion

Government or Ministry Policy

New Professional Organization

New Institutional Linkages

Raise Institutional Profile Other

40. Candidate Personal Statement: \*

As part of the SUSI application process, candidates should submit a personal statement about their background and goals. In up to 500 words, the candidate should address the following questions and any other pertinent information:

• Why are you interested in participating in the Institute?

• What do you hope to gain from the Institute?

• What will you contribute to the Institute?

• How will you leverage the experience to achieve "other potential outcomes" checked in the above section?

• How will you amplify the impact of the program beyond your research and knowledge?

Please input the candidate’s personal statement below.

|  |
| --- |
|  |

SECTION C: COMPLETED BY POST

41. Does the candidate display evidence of English fluency? \*

Yes

No

42. Please indicate the level of their English language fluency and if the interview was in person, over the phone, or through virtual conferencing (Zoom, Skype, Teams). \*

|  |
| --- |
|  |

43. Statement by Post Justifying Participation of Nominee in the Institute: \*

This is one of the most important components of the nomination and we kindly ask you to provide a substantive answer. After having interviewed the candidate, in your statement, please address the following questions:

* Can you please tell us about this individual and why Post feels that they are well suited for the
* Institute?
* What makes this candidate unique?
* What, in particular, will this candidate contribute to the Institute and upon their return home? What is their multiplier effect?
* Why is this a priority nomination for Post?

|  |
| --- |
|  |

44. How many applications did Post receive for this particular Institute? \*

|  |
| --- |
|  |

Post Action Officer:

The person whom the Study of the U.S. Branch should contact with all inquiries about the nomination.

45. U.S. Embassy or Consulate: \*

|  |
| --- |
|  |

46. Post Country: \*

|  |
| --- |
|  |

47. Post Region \*

AF

EAP

EUR

NEA

SCA

WHA

48. Post Contact Name: \*

|  |
| --- |
|  |

49. Post Contact Email: \*

|  |
| --- |
|  |

51. Backup Contact Name: \*

|  |
| --- |
|  |

52. Backup Contact Email: \*

|  |
| --- |
|  |