**Study of the U.S. Institutes for Secondary Educators**

**2022 Application Form**

**Select the Theme of the SUSI Institute:**

1. Highlight your desired theme. Choose ONE only.

* Secondary Educators – Teacher
* Secondary Educators – Administrators

**SECTION A: Candidate Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 2. |  | | | | | | | | | | | |  | | |  |
|  | Family /Last Name | | First Name | | | |  | | | | Middle Name | |  | | | Title (Dr./Mr./Mrs./Prof.) |
|  | ***(NOTE: AS IT APPEARS IN YOUR PASSPORT.)*** | | | | | | | | | | | |  | | |  |
| 3. |  | 4. |  | | | | 5. | | | |  | | 6. | | |  |
|  | Sex | | Date of Birth (MM/DD/YYYY) | | | |  | | | | City of Birth *as on birth certificate* | |  | | | Country of Birth |
| 7. |  | |  | | | | 8. | | | |  | | | | | |
|  | Country of Residence | |  | | | |  | | | | Country(ies) of Citizenship | | | | | |
| 9. |  | | | | | | 10. | | | |  | | 11. | | |  |
|  | Street Address | | | | | |  | | | | City | |  | | | State/province |
| 12. |  | 13. |  | | | | 14. | | | |  | | | | | |
|  | Postal code | | |  | Country | | | | |  | | Phone number(s) – include the country and area codes | | | | | |
| 15. |  | | | | | |  | | | |  | |  | | |  |
|  | Email Address | | | | | |  | | | |  | |  | | |  |
|  |  | | | | | |  | | | |  | |  | | |  |
| 16. | Emergency Contact Info:  *Example: PETROV, Ivan; Husband; 8-916-100-00-00; ipetrov@mail.ru* | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  | Name (LAST, First) | | Relationship | | | | | | | Contact Cell Phone | | | | | E-mail | |
|  |  | |  | | | | | | |  | | | | |  | |
| 17. | Please indicate if you have a disability. Highlight all that apply | | | | | | | | | | | | | | | |
|  | * None * Blind or visual impairments * Deaf or hearing impairments * Learning disability * Physical disability * Psychiatric disability * Systemic disability * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
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| 18. | Please describe any pre-existing medical conditions, including any prescription medication required, dietary restrictions, or personal considerations. \* | | | | | | | | | | | | | | | |
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| 19. | U.S. Travel:  Please list any previous travel to the United States for the purposes of tourism/vacation, conferences, educational study, or previous U.S. Government-related grants. | | | | | | | | | | | | | | | |
|  | *Purpose* | |  | | | |  | | | | *Date* | |  | | | *U.S. Government-funded?*  *Highlight your answer.* |
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|  |  | | | | | |  | | | |  | |  | | | Yes No |
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| 20. | Family Residing in the United States: Please list any immediate family members who are currently residing in the United States, including city and state | | | | | | | | | | | | | | | |
|  | *Name* | |  | | | |  | | | | *Relationship* | |  | | | *City, State* |
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| **SECTION B: Candidate Background** | | | | | | | | | | | | | | | | |
| 21. | Education: Please list all earned degrees beginning with the most recent.: | | | | | | | | | | | | | | | |
|  | *Degree* | | |  | | *Year Awarded* | |  | *Specialization* | | | | |  | | *Institution* |
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| 22. | Active academic/professional training or workshops: | | | | | | | | | | | | | | | |
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| 23. | Current employment: | | | | | | | | | | | | | | | |
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|  | Current Role/Job Title | | | | | |  | | | | City | | | | | |
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|  | Institution/organization Name | | | | | |  | | | | Country | | | | | |

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| 24. | Work history:  Please limit work experience to the FIVE most recent job positions, starting with the most recent.  Please specify if the position was part-time. | | | | | |
|  | *Institution/Employer* |  |  | *Position* |  | *Dates of Employment*  *(mm/yyyy to mm/yyyy)* |
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| 25. | Professional Responsibilities: | | | | | |
|  | 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. | | | | | |
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| 26. | Current Courses Taught:  Please list the courses you are currently teaching. If you are not teaching any courses, write NOT APPLICABLE.   |  |  | | --- | --- | | Course title: |  | | Level of Students: |  | | Classroom hours per semester: |  | | Number of Students: |  | | US studies Content (%): |  |  |  |  | | --- | --- | | Course title: |  | | Level of Students: |  | | Classroom hours per semester: |  | | Number of Students: |  | | US studies Content (%): |  |  |  |  | | --- | --- | | Course title: |  | | Level of Students: |  | | Classroom hours per semester: |  | | Number of Students: |  | | US studies Content (%): |  | | | | | | | | | | |
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| 27. | Current Student Advising:  Advising is not the same as teaching. Advising is providing assistance in helping students clarifying personal and career goals and evaluating progress towards those goals. This section also applies if you supervise Ph.D. and graduate students. If you are not advising, write NOT APPLICABLE. | | | | | | | | | |
|  | Number of Students Advised Studying U.S. Related Topics | | | | | | |  | | |
|  | Level of Students (Secondary School Students / Undergraduate Students / Graduate Students) | | | | | | |  | | |
|  | Hours of Advising Per Student Per Year | | | | | | |  | | |
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| 28. | Publications Related to the Institute Theme:  Publications should include the publication day, month, year, type of publication, title, and publisher. All foreign titles should be translated into English. To identify the publication type, please choose from among the following options: 1) book; 2) book chapter; 2) edited volume (as primary or co-editor); 4) journal article; 5) newspaper/online article; 6) working paper for conference/university/government. Please only list publications within the last five years. | | | | | | | | | |
|  | Publication | |  |  | |  | | |  | Publication type |
|  |  | | | | | | | |  |  |
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| 29. | | Active Memberships in Professional Associations | | | | | | | | |
|  | | Please limit to three most relevant. Provide the position and organization.  (Example: President, Washington Educational Professionals Association.) | | | | | | | | |
|  | | *Position* | | |  | | *Organization* | | | |
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| 30. | | Other Leadership Positions Beyond Professional Duties:  Please provide the activity, position/title, year started, year completed, and the description of duties. | | | | | | | | |
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| 31. | English Proficiency: | *native, fluent, intermediate, novice* | | |  |  |
|  | Reading: |  |  |  |  |  |
|  | Writing: |  |  |  |  |  |
|  | Speaking: |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | (Please write a paragraph stating how long and where you have studied English and your current level of reading, writing and understanding English): | | | | | |

32. **Potential Outcomes** – Please highlight to select the likely potential outcomes that might result from your participation in this institute. Then explain HOW you will achieve that outcome:

|  |  |
| --- | --- |
| * Update Existing Course: |  |
| * Create New Course: |  |
| * Create New Degree Program: |  |
| * School/University 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: |  |

33. **Personal Essay** *– limit 500 words*

Please submit a personal statement about your background and goals. In up to 500 words, 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? *You can use the explanations you listed above in your essay.*
* How will you amplify the impact of the program beyond your research and knowledge?