

Application Form for the Study of the U.S. Summer Institutes

Please fill out this form and return it to the Public Affairs Section of the U.S. Embassy no later than <u>March 7, 2021</u>. Please e-mail filled out application forms to the following e-mail address: <u>mahamatgi@state.gov</u>

1. Prefix Mr	Mrs	Ms	*	Dr	Prof		
2. Family name:						 	
3. First name:						 	
4. Middle name:						 	
5. Gender: Male:	_ Female:						
6. Date of birth: Month_	/Day	/ Year					
7. Birth city:						 	
8. Birth Country:						 	
9. Citizenship:							
10. Residency:							
11. Medical, Physical, Di							
12. Address:						 	
13			Tele	phone:		 	
14. Emergency contact a	nd relationship:	:				 	
15. Emergency contact p							

16. Primary Posi	tion (please check	k your appropriate	e position)	
Public Secon	ndary School Tea	cher Pi	rivate Secondary School Teacher	Teacher Trainer
Textbook W	riter	N	ational Curriculum/Exam Developer	Other
17. Title:				
20. Work Experi	ence, including p	revious positions	and titles	
From (date)	To (date)		tution (please specify if position is part	
21. Education, A	cademic and Pro	fessional Training		
			er qualifications you have such as certi- listed should reflect the closest United	
Degree Earned		Year Earned	Specialization/Institution/Teacher qu	alification expiration date
22. Additional A	.cademic/Professi	onal Training/Wo	orkshops:	

23. Active professional Membership Please list active professional membership i university committee work or other professional membership in the profession of the profession	independent o onal duties dire	of current profes ectly related to cu	sional responsibilities. The arrent employment.	ese should not include
24. Publications Related to the Institute Ther Please list all foreign titles in English, includ		ook, chapter, jou	mal article, web article, etc	2.
Publication Type	Year		Publisher	
25. Previous Experience in the United States Have you traveled to the U.S. before? If yes,	Yes	No		
Purpose	Date	Description		
26. Family, Friends Residing in the U.S Do you have close family residing in the U.S If yes, please fill out the following section; if	.? Yes Ino please wri	No ite "None."		
*Please include city and State (Example: Joh	nn Doe, Chica	go, IL)		
27. Evidence of English fluency				

28. Professional responsibilities Please discuss your professional responsibilities in greater detail, including research interests, administrative responsibilities (ex. curriculum design) and/or other pertinent information. 29. Current Courses Taught Course Title Level of Students Classroom Hours per Semester Number of Students 30. Current Extra-Curricula/Co-Curricula Activities Leadership: Activity Position/Title From (date) To (date) Description of duties 31. Other Potential Outcome Please select any likely potential professional outcomes of this program. __ Update existing course ___ Create new course ___ School curriculum redesign ___ New research project __ New publication ___ Professional promotion ___ Government or ministry policy ___ New professional org.

32. Professional Essay (limit 250 words) – Please use a separate sheet of paper for this essay. The essay must be typewritten or computer-generated.

___ New institutional linkages

Please discuss why you wish to participate in this program. Include your current personal teaching philosophy, how your participation in this institute will enhance your work, improve education about the Unites States in your community, and help you achieve the "Other Potential Outcomes" you have checked above.