

APPLICATION FOR SUMMER 2017 STUDY OF THE U.S. INSTITUTES (SUSI)

All information must be completed in English.

A.: Title of U.S. Institute you are interested in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PERSONAL INFORMATION

# B. Nominee's Full Name, exactly as it appears on his/her passport:

C. Gender:

# D. Date of Birth (Month, Day, Year):

#

E. City of Birth:

F. Country of Birth:

G. Country of Residence:

H. Country of Citizenship:

I. Medical, Physical, Dietary or other personal considerations (disabilities and impairments):

# PROFESSIONAL INFORMATION

J. Contact Information:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, contact name and relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

K. Current Position(s), Title(s) and Institution(s):

L. Work Experience, including Previous Positions, Titles, Institutions and Dates:

M. Education, Academic and Professional Training, including degrees earned, year earned, institution

 and fields of specialization:

Additional Professional Training (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N. Active Professional Memberships (Position, Title, Organization):

O. Short list of relevant Publications (no more than 5 to 10 citations), including publication type, title, year of publication:

P. Previous Travel and Study or Research Experience in the United States, including purpose, dates and indication of whether such travel was supported by U.S. Government Funds.

Q. Family and friends residing in the U.S. (Name, City, State)

R. (Optional) Evidence of Fluency in Written or Oral English (TOEFL or IELTS or ETAPP Test Scores; studies in English speaking countries):

S. Professional Responsibilities (Please discuss your professional responsibilities in greater detail, including research interests, administrative responsibilities (e.g., curriculum design), and/or other pertinent information.

T. Current Courses Taught (course title, level of students, classroom hours per semester, number of students)

U. Student advising at the undergraduate level (hours & number of students per semester):

V. Student advising at the graduate level (hours & number of students per semester):

**PERSONAL STATEMENT (Limit 250 words)**

W. Please discuss how your interest in participating in the program and how your participation would enhance your personal and professional goals.

Deadline to receive applications is **Friday, December 23, 2016**.

Please submit your application to the following e-mail: masontaylor@fulbright.cl