

APPLICATION FOR SUMMER 2018 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 Citizenship:

H. Country of Residence:

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 (Add lines if needed):

|  |  |  |
| --- | --- | --- |
| **From (Month, Day, Year):****List most recent experience first** | **To (Month, Day, Year):** | **Title/Institution (Please specify if position is part-time)** |
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M. Education, Academic and Professional Training, including degrees earned, year earned, institution and fields of specialization (Add lines if needed):

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| --- | --- | --- |
| **Degree Earned** | **Year Earned** | **Specialization/Institution** |
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Additional Professional Training (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N. Active Professional Memberships (Add lines if needed):

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| --- | --- | --- |
| **Position** | **Title** | **Organization** |
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O. Short list of relevant Publications (no more than 5 to 10 citations), including publication type, title, year of publication (Add lines if needed):

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| --- | --- | --- |
| **Publication Type** | **Year** | **Title Publisher** |
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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 United States (Please include their name, relation, and city and state of residence):

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 (Add lines if needed):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Title** | **Level of Students (Doctoral, Masters, Undergraduate, Secondary)** | **Classroom Hours per Semester** | **Number of Students** | **U.S. Students Content %** |
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U. Student advising (Add lines if needed):

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| --- | --- | --- |
| **Number of Students Advised Studying U.S. Related Topics** | **Level of Students (Doctoral, Masters, Undergraduate, Secondary)** | **Hours of Advising Per Student Per Year** |
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**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, September 15, 2017 by 11:59 PM**.

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