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| C:\Users\ObengAsieduK\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.MSO\BFB98F70.png | **STUDY OF THE U.S. INSTITUTES (SUSI) FOR STUDENT LEADERS NOMINATION FORM** | | | |
|  |  |  | |  |
| **A. Title of Institute** |  |  | |  |
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|  |  |  | |  |
| **Nominee Country Rank** | Please indicate whether your nominee is a primary or alternate nominee, followed by appropriate rank.  Primary NomineeAlternate Nominee | | |  |
|  |  |  | |  |
| **B. Nominees Full Name, Exactly As It Appears on Nominee's Passport** | | | | |
| Last Name: |  | | | |
| First Name: |  | | | |
| Middle Name: |  | | | |
|  |  |  | |  |
| **C. Gender** |  |  | |  |
| MaleFemale |  |  | |  |
|  |  |  | |  |
| **D. Date of Birth** |  |  | |  |
|  | Type mm/dd/yyyy and click on calendar menu to confirm Month, Day, and Year. | | | |
|  |  |  | |  |
| **E. City of Birth** |  |  | |  |
|  | | | | |
|  |  |  | |  |
| **F. Country of Birth** |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| **G. Citizenship** |  |  | |  |
| Primary: |  |  | |  |
| Secondary (*if applicable*): |  |  | |  |
|  |  |  | |  |
| **H. Residency** |  |  | |  |
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|  | | | | |
| **I. Medical, Physical, Dietary, or other Personal Considerations** | | | | |
| Disability: |  |  | | |
| Please describe any pre-existing medical conditions, including any prescription medication the nominee may be taking, or any other dietary or personal consideration. | | | | |
|  |  |  | |  |
| This will not affect the nominee's selection, but will enable the host institution to make any necessary accommodations. | | | | |
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| **J. Nominee's Contact Information** | | | |  |
| Address: |  | | | |
|  |  | | | |
|  |  | | | |
| City: |  | | | |
| Home State or Province: |  | | | |
| Postal Code: |  | | |  |
| Home Country: |  |  | |  |
| Email: |  | | | |
| Phone: |  | | |  |
| Emergency Contact Phone:  \*Numbers only |  | | | |
| Emergency Contact Name and Relationship: |  | \*Example: John Doe, Father | | |
| Emergency Contact Email: |  |  | | |
|  |  |  |  | |
| **K. Academic Major, Institution** | |  | | |
| Major: |  |  | | |
| Home Institution Country Name: |  |  |  | |
| Institution: |  |  | | |
|  |  |  |  | |
| **L. Work and Volunteer Experience** | |  | | |
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|  |  |  | |  |
| **M. Year in School** |  |  | |  |
|  | |  | |  |
|  |  |  | |  |
| **N. Memberships in Associations, Clubs, etc.**  \*Please include dates (Example: Student Government, May 2011 to June 2012) | | | |  |
|  | | | | |
|  |  |  | |  |
| **O. Has the Nominee Travelled to the U.S. Before:** if yes, please specify below. | | | | |
| |  | | --- | |  | | From:    To:  Type mm/dd/yyyy and click on calendar menu to confirm Month, Day, and Year.    Purpose: | |  | |  | | | | |  |
|  | | | |  |
| **P. Family Residing in the United States** if yes, please specify below.  \*Please include city and state (Example: John Doe - Chicago, IL) | | | | |
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| **Q. Evidence of English Fluency** (Please comment on the nominee's level of English) | | | |  |
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| **R. Statement by Post/Commission Justifying Participation of Nominee in the Institute** | | | | |
| This is one of the most important components of the nomination.  After having interviewed the nominee, please tell us about this individual and why post feels that s/he is well suited for this Institute.  What makes this individual unique?  What in particular, will this individual contribute to the Institute?  Why is this a priority nomination for post? | | | | |
|  |  |  | |  |
| **S. Candidate's Personal Statement**(250 words limit) | | | |  |
| Please insert the nominee's personal essay here. The essay should be no more than 250 words and should convey why the nominee is interested in participating in the particular Institute, what s/he expects to gain, and what s/he will contribute to Institute. In addition, the  personal statement should convey information on the nominee's background and/or interests that makes the nominee competitive for this particular institute.  Please limit the response to approximately half a page, single line spacing. | | | | |
|  |  |  | |  |
| **T. Post or Commission Action Officer** | | | |  |
| The person whom the Study of the U.S. Branch should contact with all inquiries about the nomination. | | | | |
| Region: |  |  | |  |
| Post/Commission: |  |  | |  |
| Country: |  |  | |  |
|  |  |  | |  |
| Post Contact Name: |  | | | |
| Post Contact Email: |  | | |  |
|  |  |  | |  |
| Secondary Post Contact Name: |  | | | |
| Secondary Post Contact Email: |  | | | |
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