**INSTRUCTIONS:**

* Please submit the below form to ARII in the established deadline.
* Please **save this form as a PDF doc with the Higher Education Institution's name, candidate's name and surname. Examples:** UFAM\_John Smith, UFLA\_Joao Silva.
* Send all information together. Only electronic, scanned (PDFs) documents will be accepted.
* Type N/A for questions that are non-applicable.
* **Please delete the instruction information when saving the file with your data.**

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**Study of the U.S. Institutes (SUSIs) for Student Leaders Nomination Form**

**SECTION A:** Candidate Information

1. **Applicant's full name:** *(exactly as theys appear in passport)*

**Surname** (last name):

**Middle name:**

**First name:**

**Gender:**

**( )** Female

**( )** Male

( ) Non-Binary

( ) Other: \_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** (month/day/year - *please spell the month, e.g.: February 15, 1986)*

**City and State of Birth:**

**Country of Birth:**

**Country of Residence:**

**Primary Citizenship:**

**Secundary Citizenship** (If applicable):

1. **Contact Information:** *(please write the name of the street in Portuguese)*

**Address:**

**City:**

**Postal Code:**

**Phone Number** *(country code + DDD):*

**Cell Phone** *(country code + DDD):*

**E-mail:**

**State:**

**Country:**

1. **Medical, Physical, Dietary or other Personal Considerations:** This will not affect selection but will enable the host institution to make any necessary accommodations.

Please indicate if the candidate has a disability:

( ) None

( ) Blind or Visual Impairments

( ) Deaf or Hearing Impairments

( ) Learning Disability

( ) Physical Disability

( ) Psychiatric Disability

( ) Systemic Disability

( ) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please describe any pre-existing medical conditions, prescription medication, dietary restrictions, or personal considerations for the candidate.**
2. **Previous Experience in the United States:**
3. **Has the applicant traveled to the United States before?**

( ) Yes

( ) No

1. **If yes, please list all trips to the United States and provide dates/duration, purpose of visit(s), and location(s).** *Examples: July 4-14, 2019 - Tourism to Washington, D.C.; December 1-15, 2018 - Short Term Study abroad to NYC).*
2. **Has the applicant previously participated in or been accepted into another U.S Department of State sponsored program?**

( ) Yes

( ) No

1. **If yes, please provide the name of the program and the dates.**
2. **Family residing in the United States** (if applicable). Please list any immediate family members who are currently residing in the United States. Include name, relationship to candidate, city, and state. *(Example: Jane Doe, sister, Denver, CO).*

**SECTION B:** Background

* 1. **Academic Course, Institutions:**

**Course / Major / Field of Study:**

**Higher Education Institution:**

**Department:**

**Year / Semester in School:**

( ) First-Year Student

( ) Completed First Year

( ) Completed Second Year

( ) Completed Third Year

( ) Completed Fourth Year

( ) Part-Time Student

( ) Postgradute Student

**Expected year/Semester of graduation date:**

1. **Will the candidate have one semester left in their studies after the completion of the SUSI program?**

( ) Yes

( ) No

( ) Other: \_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Work history:** Please include employer, position, dates, and location (Example: Dept. of Labor, Analyst, 2013-2016, Washington, D.C - USA)
  2. **Volunteer Experience:** Please include organization, dates, and location.
  3. **Memberships in Associations, Clubs, etc.** Please include organization, dates, and location.
  4. **Candidate Personal Statement:** As part of the SUSI application process, candidates should submit a personal statement about their background and goals. In up to 500 words, the candidate should address the following question and any other pertinent information:
* *What about your background and/or interests makes you competitive for the SUSI exchange program?*
* *What will you contribute to the program?*
* *How do you expect your participation in the SUSI exchange program affect your local community or, region/country?*
* *How will the SUSI exchange affect you personally or professionally?*

Please input the candidate's personal statement below.