

PARTICIPANT APPLICATION

For 2007

OMB APPROVAL NO. 1405-0138 EXPIRATION DATE 10/31/2008 ESTIMATED BURDEN: 45 MINUTES*

1. Name (As Written on Official Documents)			
2 Country of Citizenship	(Family Name)	(First Name)	(Middle Name)
2. Country of Land Basidana			
4. Place of Birth	ty or Town)		Country)
5. Date of Birth	,		ound y)
6. Gender Male Male Female	(Day)	(Year)
7. Marital Status Single Married	Citizenship of S	Spouse(If Applicable):	
8. In order to respond to required U.S. 6 if you have the following disabilities: Hearing Impairment Speech Im Learning Disorder Other (Speech Impairment)	npairment	_	orthopedic Impairment
9. Current Contact Information			
Address Type: Permanent Residence	Dormitory	Temporary Resid	ence (Other Than Dormitory)
Street/Building Number		Apartment	
City	Post	al Index	
Region	Cou	ntry	
Telephone ()	Fax <u>(</u>)	Email	
Cell Phone (If Applicable) ()			
10. Permanent Home Address (If Different	from Current)		
Street/Building Number		Apartment	
City	Post	al Index	
Region	Cou	ntry	
Telephone ()	_ ,		
	Fax <u>()</u>	Email	

Paperwork Reduction Act Statement: Public reporting burden for this collection of information is estimated to average forty-five (45) minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Responses to this package are voluntary. An Agency may not conduct or sponsor, and the respondent is not required to respond to, a collection of information unless it displays a valid OMB control number. The U.S. Department of State regularly monitors its international exchange programs, gathers data about program accomplishments, and evaluates selected ones.

The information gathered is used by the U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA) to inform program design, management, and funding. The information collection activity involved with the program is conducted pursuant to the mandate given to the U.S. Department of State under the terms and conditions of the Mutual Educational and Cultural Exchange Act of 1961, Public Law 87-256. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to: A/RPS/DIR, U.S. Department of State, Washington, D.C. 20520

11. Work Address (If Applicable)									
Name of Business									
Title/Position									
Street									
City Postal Index									
Country	Telepho	one ()	Fax <u>(</u>)					
12. Educational Background . In the table below, please list all universities, institutes, and special academic programs you have attended or are currently attending, with the most recent listed first. Transliterate directly from your native language into English spelling all words pertaining to your education. Do not use American equivalents unless you hold a degree from a U.S. academic institution.									
Example Institution and City	Department	Dates (Month-Year)	Type of Degree	Date Degree Received or Expected					
Moscow State University, Moscow	Department of Journalism	August 1990 - May 1995	Diploma	May 1995					
Institution and City	Department	Dates (Month-Year)	Type of Degree	Date Degree Received or Expected					
Management Admission Test administration applicants) exa If you have previously taken a	(GMAT) and are selected as ams. The cost of these examinany of the above-mentioned exit your score report to the applications.	s a Foreign Language (TOEFL) semi-finalist, you may be requinations will be covered by this paraminations, please give your stication if available. If selected,	red to take the TOEFL and GR program. score and the date and place w	E or GMAT (business where you took the					
TOEFL Score	Date (mm-de	d-yyyy)	Location						
GRE Score	GRE Score Date (mm-dd-yyyy)		Location						
GMAT Score	Date (mm-de	d-yyyy)	Location						
I have not taken the TOEFL, GRE, GMAT examination.									

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14. University Courses. List below, in English, all the should list their current university courses followed by their		ne grades you received. First-year students
Attach additional pages if necessary. Describe the grad	ing system used (example: "5"= excellent to	"1"=failing, "A"= excellent to "F"= failing):
Academic Years (for example 2004-2005)	Subject/Course (Class Ti	tle) Grade
, ,	7	
15. Native Language Contact Information		
Native Language is		
During the selection process, it may be necessary for one complete the following section <i>in your native language</i> .	of our offices to contact you. To assist our	offices in maintaining accurate records, please
Name		
(Family Name)	(First Name)	(Middle Name)
Street/Building Number	Ара	ertment
City	Postal Index	
Country	Region	
Please complete the following information in your native law whichever is currently applicable:	anguage with either your current academic in	stitution information or employer information,
Current Academic Institution/Employer		
Department/Position		
Dean or Academic Advisor/Supervisor Name		
Dean or Advisor Telephone ()		
Emergency Contact Name		Relationship
Emergency Contact Address		
Emergency Contact Phone/Fax/Email		
16. Proposed Field of Study in The U.S. Plea list of eligible fields available in the application instructions.		ely matches your current specialization from the
If selected as a finalist, applicants may not change their fie	ld of study during the program.	

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17.		
	Please Check Only One: Academic Advisor IATP site Program	
	Academic Advisor IATP site Program Conference Booth Internet Radio	
	■ Electronic listserv ■ Lecture/Presentation ■ University faculty/staff ■ Friend/Colleague ■ Newspaper/Advertisement ■ U.S. Embassy	
	Friend/Colleague	
18.	Are you applying to any other sponsored educational exchange program for the upcoming academic year? Yes No	
	If yes, please specify	
	Name of Sponsoring Organization	
19.	Previous VISA Information	
	a. Have you previously traveled on a U.S. Government-sponsored or other U.S. exchange program?	
	If yes, please complete the following:	
	Name Year(s)	
	Location in the U.S. (City) (State)	
	h Have you ever received a LLS L1 Visa 2	
	If yes, list dates showing exact duration of stay in the United States on a J-1 visa (month-day-year - month-day-year)	
	C. Have you ever received a U.S. F-1 Visa ?	
	If yes, list dates showing exact duration of stay in the United States on a F-1 visa (month-day-year - month-day-year)	
	d. Have you been in the U.S. for any other reason ?	
	If yes, please list the duration of stay in the United States, except for visits to the United States as a tourist (month-day-year - month-day	y-year)
		,
	Extra-Curricular Activities. Please list all volunteer positions, work experience, awards, and leadership positions you have	
	held within the past four years.	
21.	How long did it take you to answer this survey? minutes.	
DDI	IVACY STATEMENT	

This information is being collected to evaluate a candidate's eligibility and suitability for participation in an exchange program of the Bureau of Educational and Cultural Affairs, U.S. Department of State. Responses are voluntary, however, insufficient applicant data could disable a successful application process.

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