



PARTICIPANT APPLICATION

OMB APPROVAL NO. 1405-0138 EXPIRATION DATE xx/xx/xxxx ESTIMATED BURDEN: 45 MINUTES*

2009-2010 EDMUND S. MUSKIE GRADUATE FELLOWSHIP PROGRAM

2. Country or Countries of Citizenship 3. Country of Legal Residence 4. Place of Birth (City or Town) (Country) 5. Date of Birth (Month) (Day) (Year) 6. Gender Male Female 7. Marital Status Single Married Citizenship(s) of Spouse (If Applicable) 8. In order to respond to required U.S. Government inquiries, please check the box below, on a voluntary bas if you have the following disabilities: Hearing Impairment Speech Impairment Visual Impairment (Legally Blind) Orthopedic Impairment Learning Disorder Other (Specify) 9. Current Contact Information Address Type: Permanent Residence Dormitory Temporary Residence (Other Than Dormitory)	1. Name (As Written on Official Documents)	(F. 11. N.)	(F: (A)	
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Telephone () Fax () Email	City	Pos	stal Index	
	Region	Con	untry	
Cell Phone (If Applicable) ()	Telephone ()	Fax <u>(</u>)	Email	
	Cell Phone (If Applicable) ()			

Paperwork Reduction Act Statement:

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.

Public reporting burden for this collection of information is estimated to average forty-five minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: U.S. Department of State, A/ISS/DIR, 1800 G St. NW, Washington, DC 20520

11. Work Address (If)	Applicable)			
Name of Business				
Title/Position				
Street				
City		Postal Index		
Country	Telephor	ne <u>(</u>)	Fax <u>(</u>)
are currently attending,	ground . In the table below, p with the most recent listed first. not use American equivalents ur	Transliterate directly from you	r native language into English	
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 administration applicant If you have previously to	not taken the Test of English as a Test (<i>GMAT</i>) and are selected as) exams. The cost of these examples and the above-mentione copy of your score report to the aramming agency.	as semi-finalist, you may be n aminations will be covered by <i>t</i> <i>d examinations, please give y</i>	equired to take the TOEFL and this program. our score and the date and pla	GRE or GMAT (business
TOEFL Score	Date (mi	m-dd-yyyy)	Location	
GRE Score	Date (mi	m-dd-yyyy)	Location	
GMAT Score	Date (mi	m-dd-yyyy)	Location	
I have not taken the To	DEFL, GRE, GMAT examination	1.		

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should list their current university courses follo	wed by their 17th form courses and linar grades.		
ach additional pages if necessary. Describe	the grading system used (example: "5"= exceller	nt to "1"=failing, "A"= ex	cellent to "F"= failing):
Academic Years (for example 2004-2005)	Subject/Course (Class	s Title)	Grade
			_
Native Language is	sary for one of our offices to contact you. To ass		ning accurate records
During the selection process, it may be neces	sary for one of our offices to contact you. To ass	sist our offices in maintai	ning accurate records
Native Language is During the selection process, it may be neces please complete the following section <i>in your</i> Name (Family Name)	sary for one of our offices to contact you. To ass native language. (First Name)	sist our offices in maintai	
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16.	Preferred Length of Program (Please check the program length that placed in one-year programs, including non-degree programs. You ma		
	check this option.)	, so placea a elle year pregram ell	on in your do not opcomeding
	One-Year Two-Year (including 15-16 month p	rograms)	
17.	Proposed Field of Study (<i>Check one</i>): NOTE: CITIZENS OF RUSSIA AND UKRAINE ARE ELIGIBLE ONLY ADMINISTRATION, ECONOMICS, LAW, PUBLIC ADMINISTRATION,		STUDY: BUSINESS
	ADMINISTRATION, ECONOMICS, LAW, FUBLIC ADMINISTRATION,	AND FUBLIC FULICIT.	
	Business Administration	Law	
	Economics	Library and Information Scien	nce
	Education	Public Administration	
	Environmental Management	Public Health	
	International Affairs	Public Policy	
	Journalism and Mass Communications		
18.	. How did you first learn about this program ?.		
	Please Check Only One:		
	Academic Advisor IATP site		Program
	Conference Booth		Radio
	Educational Advising Center Programn	ning agency	Television
		resentation	University faculty/staff
	Friend/Colleague Newspape	er/Advertisement	U.S. Embassy
	Other (Please Specify):		_
19	. Are you applying to any other sponsored educational exchange progra	m for the upcoming academic year?	☐ Yes ☐ No
	If yes, please specify		
	Name of Sponsoring Organization		
20.	. Previous VISA Information		
	a. Have you previously traveled on a U.S. Government-sponsore	d or other U.S. exchange program?	Yes No
	If yes, please complete the following:		
	Name	Year(s)	
	Location in the U.S(City)		(State)
	(Oity)		()

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20. P	revious VISA Information (continued)
	b. Have you ever received a U.S. J-1 Visa ?
	C. Have you ever received a U.S. F-1 Visa? Yes No If yes, list dates showing exact duration of stay in the United States on a F-1 visa (<i>month-day-year - month-day-year</i>).
	d. Have you been in the U.S. for any other reason? Yes No If yes, please list the duration of stay in the United States, except for visits to the United States as a tourist (<i>month-day-year - month-day-year</i>).
	xtra-Curricular Activities. Please list all volunteer positions, work experience, awards, and leadership positions you have eld within the past four years.
22. H	ow long did it take you to answer this application ? minutes.

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