

U.S. Department of State

OMB APPROVAL NO. 1405-0138 EXPIRATION DATE 11/30/2011 ESTIMATED BURDEN: 45 MINUTES*

PARTICIPANT APPLICATION 2011-2012 GLOBAL UNDERGRADUATE EXCHANGE PROGRAM

1.	Name (As Written	on Official D	Documents)					
2.	Country or Cou	untries of	Citizenship	(Family Nam	9)	(First Name	,	Middle Name)
3.	Country of Leg	jal Reside	nce					
4.	Place of Birth							
5.	Date of Birth		(Ci	ty or Town)			(Country)	
6.	Gender	Male	(Month) Female		(Day)		C	Year)
7.	Marital Status	Single	Married	Citizenship	(s) of Spouse	lf Applicable)		
8.	if you have the Hearing Imp Learning Dis	following pairment	disabilities	: npairment	sual Impairment (Le		Orthopedic	a voluntary basis Impairment -
9.	Current Contac			_	1	□ _		
	Address Type: Street/Building Num		manent Residend	ce L	Dormitory	Tempor Apartme	ary Residence (Othe	er Than Dormitory)
	City				Postal Index			
	Region				Country			
	Telephone ()		Fax ()		Email		
	Cell Phone (If Applie	cable) ()					
10.	Permanent Ho	me Addre	SS (If Different	from Current)				
	Street/Building Num	nber				Apartme	nt	
	City				Postal Index			
	Region				Country			
	Telephone ()		Fax ()	E	mail		
	Cell Phone (If Appli	cable) ()					

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 45 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: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202.

11. Work Address (If Applicable)						
Name of Business						
Title/Position						
Street						
City		Postal Index				
Country	Telepho	ne ()	Fax ()		
are currently attending, to your education. Do n	with the most recent listed first.	ease list all universities, institut Transliterate directly from you nless you hold a degree from a	r native language into English	= :		
Example Institution and City	Department	Dates (Month-Year)	Type of Degree	Date Degree Received		
Moscow State University,	Department of	August 1990 -	Diploma	or Expected May 1995		
Moscow	Journalism	May 1995	F 1 2	, , , , ,		
Institution and City	Department	Dates (Month-Year)	Type of Degree	Date Degree Received or Expected		
Management Admission administration applicants If you have previously ta	Test (GMAT) and are selected s) exams. The cost of these exams any of the above-mentioned opy of your score report to the	a Foreign Language (<i>TOEFL</i>), I as semi-finalist, you may be reaminations will be covered by the decement of the examinations, please give your application if available. If selections	equired to take the TOEFL and his program. our score and the date and pla	GRE or GMAT (business ce where you took the		
TOEFL Score	Date (m	m-dd-yyyy)	Location			
GRE Score	Date (m	m-dd-yyyy)	Location			
GMAT Score	Date (m	m-dd-yyyy)	Location			
I have not taken the TOEFL, GRE, GMAT examination.						

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Attach additional pages if necessary. Describe the grading system Academic Years (for example, 2004-2005)	n used (example: "5"= excellent to "1"=failing,		
Academic Years (for example, 2004-2005)		"A"= excellent to "F"= failing):	
	Subject/Course (Class Title)	Grade	
Name	(First Name) (Middle Name)		
	Americans		
Street/Ruilding Number		(22 2 2 2)	
Street/Building Number	Apartinent		
Street/Building Number City	Postal Index		
	Postal Index		
Country Please complete the following information <i>in your native langua</i> ; information, whichever is currently applicable:	Postal Index Region	information or employer	
Country Please complete the following information in your native language information, whichever is currently applicable:	Postal Index Region ge with either your current academic institution	information or employer	
Country Please complete the following information in your native language information, whichever is currently applicable: Current Academic Institution/Employer Department/Position	Postal Index Region ge with either your current academic institution	information or employer	
Country Please complete the following information in your native language information, whichever is currently applicable: Current Academic Institution/Employer Department/Position Dean or Academic Advisor/Supervisor Name	Postal Index Region ge with either your current academic institution	information or employer	
City Country Please complete the following information in your native language information, whichever is currently applicable: Current Academic Institution/Employer Department/Position Dean or Academic Advisor/Supervisor Name	Postal Index Region ge with either your current academic institution	information or employer	
City Country Please complete the following information in your native language information, whichever is currently applicable: Current Academic Institution/Employer Department/Position Dean or Academic Advisor/Supervisor Name Dean or Advisor Telephone ()	Postal Index Region ge with either your current academic institution	information or employer	

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16.	Proposed Field of Study in The U.S. Please indicate one specialization that most closely matches your current specialization from the list of eligible fields available in the application instructions.						
	If selected as a finalist, applicants may not change their field of study during the program.						
	Proposed Field						
	· ————————————————————————————————————						
17.	Current Academic Institution						
	FACULTY/DEPARTMENT						
	Street						
	City Postal Index						
	Country Telephone () Fax ()						
18.	Present Course Year:						
19.	Expected Graduation Date (month/year)						
20.	Current Specialization/Major in Home Country						
21.	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)						
	b. Have you ever received a U.S. J-1 Visa? Yes No						
	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? Yes No						
	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-year).						
22.	Extra-Curricular Activities Please list all volunteer positions, work experience, awards, and leadership positions you have						
	held within the past four years.						

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