





U.S. Department of State  
**APPLICATION FOR TEACHING AND ADMINISTRATIVE  
 EXCHANGES AND SEMINARS ABROAD**  
 2004 - 2005



\*OMB Approved No. 1405-0114  
 Expires Date: 09/30/2005  
 Estimated Burden: 2 Hours

*Please read all instructions before completing this form. Please type or print clearly in black ink. This form may be copied.*

<b>First Choice Interview Site #:</b>	<b>City:</b>	<b>Second Choice Interview Site #:</b>	<b>City:</b>
<b>I. APPLICANT BASIC DATA</b>			
<b>A. Title</b> <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss.		<b>Name (last, first, middle)</b>	
		<b>F. U.S. Citizen:</b> <input type="checkbox"/> Yes. <input type="checkbox"/> No	
		<b>G. U.S. Veteran:</b> <input type="checkbox"/> Yes. <input type="checkbox"/> No	
<b>B. Complete Home Mailing Address (include number, street, city, state, zip code):</b>		<b>H. Disabled:</b> <input type="checkbox"/> Yes. <input type="checkbox"/> No If so, please describe:	
<b>C. Home Telephone (area code, number):</b>  <b>Home Fax (area code, number):</b>  <b>Home E-mail:</b>		<b>I. Ethnicity (select one)</b>  <input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Not Hispanic or Latino	
<b>D. Date of Birth (month/date/year):</b>		<b>J. Race (select one or more of the following)</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
<b>E. Have you ever applied to the program before? If so, list all program years for which you applied (e.g., 1989-90, 1998-99):</b>			
<b>II. APPLICATION FOR:</b>			
<input type="checkbox"/> year-long exchange <input type="checkbox"/> semester exchange <input type="checkbox"/> summer seminar <input type="checkbox"/> pilot/special initiative program*			
*please refer to any special announcements for information about these programs			
<b>A. Teaching Position:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No List countries in order of preference		1. 2. 3.	
<b>B. Administrative Exchange:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No List countries in order of preference		<b>C. Summer Seminar Abroad:</b> List countries in order of preference	
1. 2. 3.		1. 2.	
<b>D. Would you consider placement in countries other than those you've listed?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>E. Is your spouse applying for a position abroad through this program?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>1. If so, will you accept a position if no position is offered to your spouse?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2. Are you and your spouse willing to be placed in different locations?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Note:** Public reporting burden for this collection of information is estimated to average two (2) hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is being collected to evaluate a candidate's eligibility and suitability to be matched with a foreign counterpart for the Fulbright Teacher and Administrator Exchange Program. Responses are voluntary; however, insufficient applicant data could disable successful matching. A federal 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. Send documents regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to A/RPS/DIR, U.S. Department of State, Washington, DC 20520.

III. MODERN FOREIGN LANGUAGE FLUENCY <i>(Applicants for seminar only need not complete this section.)</i>												
Language	Understanding			Speaking			Reading			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

**IV. EDUCATION AND PROFESSIONAL PREPARATION ABOVE SECONDARY SCHOOL**  
*(List degrees in chronological order.)*

Institution, Location	Dates Attended		Degrees Received		Major Subjects
	From	To	Kind	Date	

**V. PRESENT EMPLOYMENT**

A. Present Position Title:		In Present Position From <i>(date)</i> :
B. Name and Address of School <i>(include number, street, city, state, zip code)</i> :		Telephone <i>(area code, number)</i> :
		Fax <i>(area code, number)</i> :
C. School Principal's or College Dean's Name <i>(include Dr., Mrs., Ms., or Miss)</i> :		
School Principal's or College Dean's Title:		Telephone <i>(area code, number)</i> :
D. Immediate Supervisor's Name <i>(include Dr., Mrs., Ms., or Miss)</i> :		
Immediate Supervisor's Job Title:		Telephone <i>(area code, number)</i> :
E. Approving Administrative Official's Name <i>(include Dr., Mr., Mrs., Ms., or Miss)</i> : Note: Must be the official authorized to approve participation in the exchange, grant a leave of absence, and approve the appropriate salary arrangements, e.g., President, Headmaster, Superintendent or District Official. See "Administrative Approval for Applicant" form.		
Approving Administrative Official's Job Title:		Telephone <i>(area code, number)</i> :
Name and Address of Approving Administrative Official's Institution <i>(include number, street, city, state, zip code)</i> :		

<b>VI. DAILY SCHEDULE FOR CURRENT YEAR</b> <i>(Administrator Exchange Applicants describe duties on separate sheets.)</i>					
<b>A. Subjects:</b> Be specific and provide details (e.g. World History: European emphasis). Special Education teachers are requested to include details about student needs and teaching approaches.	<b>Number of Teaching Hours Per Week</b>	<b>Grade Level and Age of Students</b>		<b>Number of Students</b>	
		<b>Grade</b>	<b>Age</b>		
<b>B. Additional Activities:</b> Describe workload other than a teaching position (e.g., counseling, supervision, curriculum development extra-curricular activities).	<b>Number of Teaching Hours Per Week</b>	<b>Grade Level and Age of Students</b>		<b>Number of Students</b>	
		<b>Grade</b>	<b>Age</b>		
<b>C. What is the best time to call you at school?</b>					
<b>D. Have you been absent more than six days per year in the last three years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					
<b>VII. PREVIOUS EXPERIENCE/EMPLOYMENT</b>					
<b>A. List any full-time teaching/administrative experience, beginning with the most recent:</b>					
<b>Dates</b>		<b>Position Title</b>	<b>Name and Location</b>	<b>Full-Time Teaching Position</b>	
<b>From</b>	<b>To</b>			<b>Grade</b>	<b>Subject</b>
<b>B. List any experiences you have had studying, working or traveling abroad:</b>					
<b>Dates</b>		<b>Country</b>	<b>Purpose of Visit</b>		
<b>From</b>	<b>To</b>				
<b>C. List memberships in educational, professional, and civic associations:</b>					
<b>D. List awards and publications:</b>					

**VIII. OTHER EXPERIENCE** (*Applicants for seminar only need not complete this section.*)

A. List extracurricular activities you can direct or sponsor (*e.g., sports, arts, dramatics, music, etc.*):

B. List educational experiences you have had which would be especially helpful to you in working abroad (*e.g., working with bilingual students, student exchange programs, etc.*):

C. List experiences you have had in teaching English to non-native speakers:

**IX. U.S. GOVERNMENT EDUCATIONAL EXCHANGE GRANTS**

A. Have you ever received a U.S. Government educational exchange grant?  Yes.  No  
 If yes, please indicate the year, country, type of grant and sponsoring agency:

B. If you did not accept or complete the grant, explain briefly: