

**INSTRUCTIONS:**

* Please submit the below form to your professor or selection committee in the deadline set by your institution.
* Applications sent directly to the Embassy Branch Office in Belo Horizonte will not be considered.
* Please **save this form as a Word doc with the Higher Education Institution’s name, candidate’s name and surname**. Examples: UCR\_John Smith, UFLA\_Joao Silva.
* In case you are sending images please save them on PDF format with your name, surname and name of the University. Examples: Joao Silva\_Transcript, Maria Santos\_TOEFL.
* Send all information together in a single e-mail message. 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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**Application Form**

**SECTION A:** candidate information

Please provide information exactly as it appears in passport.

1. **Surname** (last name):
2. **First / Given name:**
3. **Gender:**

Female

Male

Non-binary

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Date of Birth:** (month/day/year *- please spell the month, e.g.: February 15, 1986)*
2. **City and State of Birth:**
3. **Country of Birth:**
4. **Primary Citizenship:**
5. **Country of Residence**
6. **Secondary Citizenship** (if applicable):

**Contact information:** *(please write the name of the street in Portuguese)*

1. Address:
2. City:
3. State:
4. Postal Code:
5. Country:
6. Phone number *(country code + DDD):* | Cell Phone *(country code + DDD):*
7. E-mail:
8. Número do cadastro de pessoa física (CPF):

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

1. 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. **Has the applicant traveled to the United States before?**

Yes

No

1. **If yes, please list any previous travel to the United States for the purposes of tourism/vacation, conferences, educational study, or previous U.S. Government Exchange programs.**

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 New York City, NY).

1. **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. **Year in School:**

First-Year Student

Completed First Year

Completed Second Year

Completed Third Year

Completed Fourth Year

Part-Time Student

1. Expected year/semester of graduation date:
2. Will the candidate have one semester left in their studies after the completion of the SUSI program?

Yes  No  Other

1. Course/ Major/ field of study:
2. University:
3. Country of University:
4. **Work history.** Please include employer, position, dates, and location. *(Example: Dept. of Labor, Analyst, 2013-2016, Washington, D.C – USA)*
5. **Volunteer Experience.** Please include organization, dates, and location*.*
6. **Memberships in Associations, Clubs, etc.** Please include organization, dates, and location.
7. **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 questions 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?*

1. **SECTION C:** Documents

**Please attach:**

* Your most recent University Transcript or academic records (in Portuguese)
* Evidence of Fluency in English (TOEFL, TELP or other certificates, if available – in English)
* 02 (two) reference letter from a professor, supervisor, or employer (in English)