



PARTICIPANT APPLICATION

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

2010-2011 GLOBAL UNDERGRADUATE EXCHANGE PROGRAM

1.	Name (As Written on Official Documents)			
2.	Country or Countries of Citizenship	(Family Name)	(First Name _,	
3.	Country of Legal Residence			
4.	Place of Birth			
5.	Date of Birth	or Town)		(Country)
6.	Gender Male Male Female		(Day)	(Year)
7.	Marital Status	Citizenship(s) o	of Spouse (If Applicable)	
8.	In order to respond to required U.S. G if you have the following disabilities: Hearing Impairment Speech Imp Learning Disorder Other (Speech	pairment Visual	es, please check the Impairment (Legally Blind)	Orthopedic Impairment
9.	Current Contact Information			
	Address Type: Permanent Residence Street/Building Number	Doi	mitory Tempora	ary Residence (Other Than Dormitory) nt
	City		Postal Index	
	Region		Country	
	Telephone () Fa	ax <u>(</u>)	Email	
	Cell Phone (If Applicable) ()			
10.	Permanent Home Address (If Different for	rom Current)		
	Street/Building Number		Apartme	nt
	City		Postal Index	
	Region		Country	_
	Telephone () F	ax <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 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 A	Applicable)				
	Name of Business					
	Title/Position					
	Street					
	City		Postal Index			
	Country	Telepho	ne <u>(</u>)	Fax ()	
	are currently attending,		Transliterate directly from yo	tutes, and special academic pro our native language into English a a U.S. academic institution.	-	
	Institution and City	Department	Dates (Month-Year)	Type of Degree	Date Degree Received or Expected	
Mos	scow 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	
13.	Management Admission administration applicant If you have previously to	n Test (GMAT) and are selected s) exams. The cost of these ex- aken any of the above-mentioned copy of your score report to the	d as semi-finalist, you may be aminations will be covered by ad examinations, please give), Graduate Records Examination of the required to take the TOEFL and the program. If your score and the date and place of the program is a sected, you may be required to sected.	d GRE or GMAT (business	
	TOEFL Score Date (mr		m-dd-yyyy)	Location	tion	
	GRE Score Date (m.		m-dd-yyyy)	Location		
	GMAT Score	Date (m	m-dd-yyyy)	Location		
	I have not taken the TO	DEFL, GRE, GMAT examination	n.			

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should list their current university courses followed	by their 11th form courses and final grades.	
Attach additional pages if necessary. Describe the g	grading system used (example: "5"= excellent to "1"=failing, "A"= e.	xcellent to "F"= failing):
Academic Years (for example, 2004-2005)	Subject/Course (Class Title)	Grade
		
-		•
Native Language is		·
	for one of our offices to contact you. To assist our offices in mainta	aining accurate records,
please complete the following section in your nativ		aining accurate records,
	ve language.	aining accurate records,
please complete the following section in your native	ve language.	
please complete the following section in your native Name (Family Name)	(First Name) (Mic	
Name (Family Name) Street/Building Number	(First Name) (Mic	ddle Name)
Name (Family Name) Street/Building Number City Country	(First Name) (Midentification of the Indian Apartment Postal Index	ation or employer
Name (Family Name) Street/Building Number City Country Please complete the following information in your nation information, whichever is currently applicable: Current Academic Institution/Employer	(First Name) (Mice Apartment Postal Index Region Region Indeverative language with either your current academic institution informative language.	ation or employer
Name (Family Name) Street/Building Number City Country Please complete the following information in your nation in your nation in your nation in your nation. Whichever is currently applicable: Current Academic Institution/Employer Department/Position	(First Name) (Mice Apartment Postal Index Region Region Indeverative language with either your current academic institution informative language.	ation or employer
Name (Family Name) Street/Building Number City Country Please complete the following information in your information, whichever is currently applicable: Current Academic Institution/Employer Department/Position Dean or Academic Advisor/Supervisor Name	(First Name) (Mice Apartment Postal Index Region native language with either your current academic institution informations.	ation or employer
Name (Family Name) Street/Building Number City Country Please complete the following information in your information, whichever is currently applicable: Current Academic Institution/Employer Department/Position Dean or Academic Advisor/Supervisor Name	(First Name) (Mice Apartment Postal Index Region native language with either your current academic institution informations.	ation or employer
Name (Family Name) Street/Building Number City Country Please complete the following information in your information, whichever is currently applicable: Current Academic Institution/Employer Department/Position Dean or Academic Advisor/Supervisor Name Dean or Advisor Telephone ((First Name) (Mice Apartment Postal Index Region native language with either your current academic institution informations.	ation 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.
	<u> </u>
22	How long did it take you to answer this survey? minutes.

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