APPLICATION FOR THE

2008
GLOBAL UNDERGRADUATE EXCHANGE PROGRAM
(GLOBAL UGRAD)

APPLICATION DEADLINE:
December 5th, 2007

Please submit your applications and supporting documentation to
Embajada de los Estados Unidos
Departamento Cultural
Global UGRAD Program
Lauro Muller 1776
Montevideo

A program of the
Bureau of Educational and Cultural Affairs
U.S. Department of State

Global Undergraduate Exchange Program (Global UGRAD) 2008 Application Form

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Please provide all answers in English.

NAME

Please print your name clearly **exactly** as it appears on your ID.

_____

Last *First* *Middle*

Please indicate any other spelling(s) or name(s) you use:

_____

Please affix one color Passport-size photograph here (taken within the last six months):

HOME COUNTRY CONTACT INFORMATION

Permanent mailing address in your home country:

_____

_____

_____

Home telephone: _____ Mobile telephone:_____

Fax number: _____ E-mail address:_____

PERSONAL DATA AND ID MATERIALS

Sex: ☐ Male ☐ Female Date of Birth:_____ Place:_____

Month/Day/Year *City* *Country*

Country of permanent legal residence: _____ Country of citizenship:_____

Please provide a clear photocopy of your current ID (cedula de identidad) and passport in case you have one.

EMERGENCY CONTACT INFORMATION

Please provide the names and contact information of individuals who should be notified in case of an emergency.

In the United States: _____

Name *Relationship to you* *Street Address*

_____

City *State* *ZIP Code* *Telephone Number* *E-mail address*

In your home country:_____

Name *Relationship to you* *Street Address*

_____

City *State and/or Country* *Telephone Number* *E-mail address*

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NAME (Please print your name here):

FIELD OF STUDY

Major Field of Study:_____

Minor Field of Interest:_____

If you are currently enrolled as a university student, name your university: _____

What is the last full academic year of university study you have completed (please check one below):

☐ 1st year ☐ 2nd year ☐ 3rd year

REFERENCES/RECOMMENDATION LETTERS

Please identify the three (3) individuals who will be writing letters of recommendation on your behalf. At least one should be from your current institution. Make sure these are people who know your academic and personal qualities well.

1. Name: _____ Title: _____

   Mailing address:_____

   Telephone number: _____ E-mail address: _____

2. Name: _____ Title: _____

   Mailing address:_____

   Telephone number: _____ E-mail address: _____

3. Name: _____ Title: _____

   Mailing address:_____

   Telephone number: _____ E-mail address: _____

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NAME (Please print your name here):

PREVIOUS ACADEMIC SCHOLARSHIPS

Please indicate any scholarships, academic awards or honors that you have received and the year received:

EDUCATIONAL BACKGROUND

Please provide complete information about all the educational institutions that you have attended and, if applicable, information about the institution(s) at which you are presently enrolled. **You must attach official transcripts for undergraduate study.**

Institution Name (No abbreviations)	Institution Location (City, Country)	Dates Attended MM/YY – MM/YY		Major Field of Study	Expected Graduation Date*	Grade Point Average**
Primary School:		From:	To:	— —		
Secondary School:		From:	To:	— —		
Post-Secondary Education: (University)		From:	To:			

* Please indicate the date (month and year) you expect to receive your degree.

** Please indicate your Grade Point Average (GPA) according to the system used at the institution at which you studied. Do *not* convert your GPA to the U.S. educational system's equivalent.

Please explain any gaps in your education: _____

Have you ever been dismissed from a school or university? ☐ No ☐ Yes If yes, please explain why?:

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NAME (Please print your name here):

LANGUAGE PROFICIENCY

Native language(s):_____

Number of years of English study: _____ Where studied:_____

Knowledge of foreign languages, including English (Rate your abilities as Excellent, Good, or Fair):

Language Name	Reading Ability	Writing Ability	Speaking Ability

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STANDARDIZED ENGLISH TEST SCORES

Please indicate your TOEFL®, ITP or other English language examination's scores.

Test Name	Date taken or to be taken	Score
TOEFL®		
ITP		
OTHER		

NON-ACADEMIC ACTIVITIES

Please list other community service, internships/jobs, sports or cultural activities in which you have participated regularly in the past two years. If you were a team leader, council member or other officer in any institution or activity, please note that as well.

Location/Institution and Contact	Type of Activity	Dates of Participation MM/YY – MM/YY	
		From:	To:
		From:	To:
		From:	To:
		From:	To:

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NAME (Please print your name here):

PHYSICAL CHALLENGES/DISABILITIES

Please describe any physical disabilities you might have. If you require any special equipment or medical treatment as a result of the physical disabilities, please describe it. This information is gathered for statistical purposes and to ensure appropriate placement. The Global UGRAD Program does not discriminate on the basis of race, color, religion, sex, national origin, and/or physical disabilities.

_____

_____

FAMILY BACKGROUND

Please complete the following regarding your family:

Father's Name: _____

Occupation: _____

Highest level of education attained:

☐ None ☐ Number of primary school years_____ ☐ Number of secondary school years_____

☐ Secondary Diploma ☐ Bachelor Degree ☐ Master Degree ☐ Ph.D.

Father's Employment: ☐ Employed ☐ Retired _____Year ☐ Deceased _____ Year

Mother's Name: _____

Occupation: _____

Highest level of education attained:

☐ None ☐ Number of primary school years_____ ☐ Number of secondary school years_____

☐ Secondary Diploma ☐ Bachelor Degree ☐ Master Degree ☐ Ph.D.

Mother's Employment: ☐ Employed ☐ Retired _____Year ☐ Deceased _____ Year

Number of siblings in your immediate family: Number of Brothers: _____Number of Sisters: _____

HOW did you find out about the Global UGRAD Program? Please check all that apply.

☐ The American Embassy Advising Office or other Embassy contact ☐ The Fulbright Commission

☐ From a friend ☐ From a relative ☐ From a teacher or professor

☐ From an advertisement or notice *(Please specify the location)*: _____

☐ Other *(Please specify how)*: _____

ESSAY: Personal Statement—350 – 500 words, typed.

If you are completing a computer application, please insert your essay responses below the appropriate essay question. If you are completing a paper application, please type your essay responses on separate sheets of paper and attach them to your completed application. Please describe yourself and write a clear and detailed description of your academic objectives and the reasons why you wish to pursue them in the USA. Discuss your goals both in terms of your field of study and your own personal development. Describe the type of program you wish to pursue in the USA and how it relates to your academic background and interests and your objectives for the future. The essay is an essential part of the selection process and of your application for placement into an appropriate program. Be sure to include any details that highlight your personality and individuality.

GRANT SUSPENSION/TERMINATION/REVOCATION

A grant may be revoked, terminated, or suspended.

Grounds for revocation or termination include, but are not limited to: (1) violation of any law of the United States or the host country; (2) any act likely to give offense to the host country; (3) failure to observe satisfactory academic or professional standards; (4) physical or mental incapacitation; (5) engaging in any unauthorized income-producing activity; (6) failure to comply with the grant's terms and conditions; (7) material misrepresentation made by any grantee in the application form or grant document.

A grant may be suspended if: (1) the grantee ceases to carry out the project or academic program during the grant period; (2) the grantee leaves the host country without authorization of the Commission/post or supervising agency; (3) conditions in the host country require the departure of the grantee for reasons of personal safety or security.

SIGNATURE

By my signature, I certify that, to the best of my knowledge, the information provided in my application is accurate and complete, and that I intend to return to my home country upon completion of my studies in the United States. I also authorize any school or university which I have attended or will attend to release my transcripts and any report to the designated placement agency.

Signature:_____Date:_____

CHECKLIST FOR COMPLETE APPLICATION DOSSIER:
Before submitting your application to the address on the front page, please be sure you have included all of the following REQUIRED components:

___Two copies of completed, signed Global Undergraduate Exchange Program application form
___Two copies of your personal statement in English, 350-500 words, typed
___Two copy of your ID (cedula de identidad) and passport in case you have one.
___Two copies of official transcripts for years of university study
___Two copies of the three letters of recommendation from teachers/professors
___Two copies of certification of English language proficiency.
___Two copies of written certification of community involvement and/or extracurricular activities
___One passport-size photo