

U.S. Department of State

PARTICIPANT APPLICATION

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

2011-2012 EDMUND S. MUSKIE GRADUATE FELLOWSHIP PROGRAM

1 Nome / w//						
1. Name (As Writter	n on Utticial Do	cuments)	(Family Name)		(First Name)	(Middle Name)
2. Country or Co	untries of C	itizenship				
3. Country of Leg	gal Residen	се				
4. Place of Birth						
5. Date of Birth		(City	v or Town)			(Country)
		(Month)		(Day)		(Year)
6. Gender	Male	Female				
7. Marital Status	Single	Married	Citizenship(s) of Spouse (If	Applicable)	
8. In order to res if you have th			ernment inquiri	es, please chec	k the box be	low, on a voluntary basis,
Hearing In	-	Speech Imp	airment 🔲 V	isual Impairment (Le	gally Blind)	Orthopedic Impairment
	Disorder	Other (Speci				
9. Current Conta	ct Informati	on				
Address Type:	Pe	manent Residence		Dormitory	Temporary	Residence (Other Than Dormitory)
Street/Building Nu	mber				Apartment	
City				Postal Index		
				•		
Region				Country		
Telephone ()		Fax ()		Email	
Cell Phone (If Appl	licable) ()				
10. Permanent Ho		S (If Different from	Current)			
Street/Building Nu			,		Aportmont	
Street/Building Nu					Apartment	
City				Postal Index		
Region				Country		
Telephone ()		Fax ()		Email	
· <u> </u>	licable) ()				
Cell Phone (If App)				
Paperwork Reduc	tion Act St	tomont:				
•			of State's Bureau of	Educational and Cult	tural Affairs (ECA) to inform program design,
-	-		-		-	e mandate given to the U.S. Department of
State under the terms a				-		
			-		-	time required for searching existing data the final collection. You do not have to
supply this information	-			-	-	
accuracy of this burder	estimate and/o	or recommendations	for reducing it, pleas	se send them to: A/G	SIS/DIR, Room 24	00 SA-22, U.S. Department of
State, Washington, DC	20522-2202.					

11. Work Address (If Ap)	plicable)			
Name of Business				
Title/Position				
Street				
City		Postal Index		
Country	Telephon	e <u>(</u>)	Fax ()
are currently attending, wi	round. In the table below, please th the most recent listed first. Trar use American equivalents unless	nsliterate directly from your native	e language into English spelling a	
Institution and City	Department	Dates (Month-Year)	Type of Degree	Date Degree Received or Expected
Moscow 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
Management Admission T administration applicants) If you have previously take	taken the Test of English as a For Fest (<i>GMAT</i>) and are selected as exams. The cost of these examin en any of the above-mentioned ex by of your score report to the appli- g agency.	semi-finalist, you may be required lations will be covered by this pro caminations, please give your soo	d to take the TOEFL and GRE or ogram. ore and the date and place where	r GMAT (business e you took the
TOEFL Score	Date (mr	n-dd-yyyy)	Location	
GRE Score	Date (mr	n-dd-yyyy)	Location	
GMAT Score	Date (mr	n-dd-yyyy)	Location	
I have not taken the TOE	FL, GRE, GMAT examination.			Page 2 of 5

ch additional pages if necessary. Describe th	e grading system used (<i>example: "5"= excellent to "1"=failing</i> ,	"A"= excellent to "F"= failing):
cademic Years (for example, 2004-2005)	Subject/Course (Class Title)	Grade
Native Language is	ary for one of our offices to contact you. To assist our offices ir	n maintaining accurate records, please
complete the following section <i>in your native lar</i>	ary for one of our offices to contact you. To assist our offices ir <i>aguage.</i>	
Native Language is During the selection process, it may be necess complete the following section <i>in your native lan</i> Name (Family Name)	ary for one of our offices to contact you. To assist our offices ir iguage. (First Name)	(Middle Name)
Native Language is During the selection process, it may be necess complete the following section <i>in your native lan</i> Name	ary for one of our offices to contact you. To assist our offices ir <i>aguage.</i>	(Middle Name)
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Native Language is During the selection process, it may be necess complete the following section <i>in your native lan</i> Name <i>(Family Name)</i> Street/Building Number City Country Please complete the following information <i>in yo</i> information, whichever is currently applicable: Current Academic Institution/Employer Department/Position	ary for one of our offices to contact you. To assist our offices ir nguage. (First Name) Apartme Postal Index Region	(Middle Name) ent
Native Language is During the selection process, it may be necess complete the following section <i>in your native lar</i> Name <i>(Family Name)</i> Street/Building Number City Country Please complete the following information <i>in yo</i> information, whichever is currently applicable: Current Academic Institution/Employer Department/Position Dean or Academic Advisor/Supervisor Name	ary for one of our offices to contact you. To assist our offices in aguage. (First Name) (First Name) Postal Index Region our native language with either your current academic institution ()	(Middle Name) ent

check this option.)	e programs. You may be placed in a one-year program ev	en li you uo noi specificaliy
One-Year Two-Year (<i>i</i>	ncluding 15-16 month programs)	
Proposed Field of Study (<i>Check one</i>):		
ADMINISTRATION, ECONOMICS, LAW, PUBLIC	RE ELIGIBLE ONLY FOR THE FOLLOWING FIELDS OF ADMINISTRATION, AND PUBLIC POLICY.	STUDY: BUSINESS
Business Administration	Law	
Economics	Library and Information	on Science
Education	Public Administration	
Environmental Management	Public Health	
International Affairs	Public Policy	
Journalism and Mass Communications		
How did you first learn about this program ?		
Please check only one:	П	н.,
Academic Advisor Conference Booth	IATP site	Program
		Radio
Educational Advising Center	Programming agency	
Electronic listserv	Lecture/Presentation	
Friend/Colleague Other (<i>Please Specify</i>):	Newspaper/Advertisement	U.S. Embassy
	al exchange program for the upcoming academic year?	Yes No
If yes, please specify		
Name of Sponsoring Organization		
Previous VISA Information		
a. Have you previously traveled on a U.S. G	overnment-sponsored or other U.S. exchange program?	TYes No
If yes, please complete the following:		
	Year(s)	
	Year(s)	
Location in the U.S.	(04.)	
	(City)	(State)

20. P	revious VISA Information (continued)
	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 (<i>month-day-year - month-day-year</i>).
	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 (<i>month-day-year - month-day-year</i>).
	d. Have you been in the U.S. for any other reason? Yes No If yes, please list the duration of stay in the United States, except for visits to the United States as a tourist (<i>month-day-year - month-day-year</i>).
	xtra-Curricular Activities. Please list all volunteer positions, work experience, awards, and leadership positions you have eld within the past four years.
22. H	ow long did it take you to answer this application? minutes.
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