

## PARTICIPANT / EXCHANGE VISITOR BIOGRAPHICAL DATA

I. BACKGROUND INFORMATION										
PROGRAM TYPE <i>(Check appropriate box)</i>  <input type="checkbox"/> Short-term <i>(less than 6 months)</i> <input type="checkbox"/> Long-term <i>(6 months or longer)</i>			AREA OF STUDY  I-1. HOST COUNTRY				PROGRAM DATES <i>(if available)</i>  I-2. CONTRACTOR / IMPLEMENTING PARTNER			
I-3. NAME (MR., MRS., OR MISS) CAPITALIZE OR UNDERLINE LEGAL SURNAME. Please show the name as it appears in the Passport.										
I-4. PASSPORT NUMBER					I-5. PASSPORT EXPIRATION DATE					
I-6. HOME / MAILING ADDRESS <i>(Include Street Name and Number)</i>					CITY OR TOWN AND COUNTRY					
I-7. EMAIL ADDRESS			I-8. TELEPHONE NUMBER			I-9. DATE OF BIRTH (MO/DAY/YR)		I-10. COUNTRY & CITY / TOWN OF BIRTH		
I-11. NAME, ADDRESS AND TELEPHONE OF RELATIVE(S) LIVING IN THE COUNTRY OF TRAINING					I-12. NAME, ADDRESS AND TELEPHONE OF OTHER EMERGENCY CONTACT IN THE COUNTRY OF TRAINING					
I-13. SEX / MARITAL STATUS <i>(Check appropriate box)</i>  <input type="checkbox"/> MALE <input type="checkbox"/> SINGLE <input type="checkbox"/> FEMALE <input type="checkbox"/> MARRIED					I-14. IF MARRIED, NAME OF SPOUSE					
II. LANGUAGE PROFICIENCY										
II-1. ENGLISH LANGUAGE PROFICIENCY DETERMINATION <i>(Check appropriate box)</i> TEST GIVEN? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, DATE:					OTHER MEANS USED TO VERIFY ENGLISH PROFICIENCY <i>(Specify)</i>					
II-2. PROFICIENCY IN OTHER LANGUAGES <i>(Optional)</i>	LANGUAGES	SPEAKING <i>(Check appropriate box)</i>			READING <i>(Check appropriate box)</i>			WRITING <i>(Check appropriate box)</i>		
		Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. IF YOU HAVE LIVED, STUDIED, OR TRAVELLED IN THE COUNTRY OF TRAINING, COMPLETE THE FOLLOWING										
COUNTRY		DATES (MONTH & YEAR)		PURPOSE						
		FROM	TO	<i>(e.g., Travel, Training, Conference. If Training, indicate type of program &amp; sponsor)</i>						
IV. EDUCATION										
IV-1. Highest Degree Completed			IV-2. Country Where Degree was Obtained			IV-3. Special Honors Received <i>(Optional)</i>				
IV-4. LIST BELOW TECHNICAL / VOCATIONAL SCHOOL, COLLEGE OR UNIVERSITIES FROM WHICH YOU RECEIVED DEGREES <i>(Use continuation sheet if necessary)</i>										
NAME OF INSTITUTION	MAJOR FIELD OF STUDY	LANGUAGE OF INSTRUCTION	DATES ATTENDED		TITLE OF DEGREE, DIPLOMA / CERTIFICATE					
			FROM	TO						
V. EMPLOYMENT										
V-1. BRIEF TITLE OF PRESENT POSITION/OCCUPATION			V-2. DATES OF EMPLOYMENT FROM                      TO PRESENT			V-3. TOTAL YEARS				
V-4. PRESENT EMPLOYER <i>(Name &amp; Address)</i>				V-5. SUPERVISOR'S NAME, EMAIL ADDRESS AND TEL. NO.						
V-6. BRIEF DESCRIPTION OF WORK				<input type="checkbox"/> Government <input type="checkbox"/> NGO <input type="checkbox"/> Private Sector <input type="checkbox"/> Student <input type="checkbox"/> Other:						
VI. Other information requested by specific Missions. Also use for other general information not captured above.										
VII. By signing below, I certify that the information contained on this form is truthful, accurate and complete.										
SIGNATURE					DATE					
<i>Note: This form facilitates compliance with the ADS 253 File Documentation Requirement for participant biographical data. It is expected that the information will be provided jointly by the Mission, Implementers and Participants/Exchange Visitors. The form can be completed as a macro online, or in hard copy. It applies to U.S. and third country training.</i>										