

## **United Board Fellows Program** 2024-2025 Application Form

This application form is for reference only. We strongly encourage application to be submitted by invited candidates via our online portal (https://unitedboard.smapply.io/)

<b>,</b>									
Application ID (to be copied from invitation email)									
PERSONAL INFORMATION									
Family Name:	Given Name:								
Name as it appears on passport:	:								
Country of Birth:	Gender:		Birth Date: (MM/DD/YYYY)						
Current Residence Country:		Phone Number: ( )							
Nationality:	Other Citizens	enship:							
Are you a dual citizen or do you have residency status or legal permission to take up residence in another country? If so, where?									
Email Address:									
Current Mailing Address									
Street:									
City									
State/Province									
Postal/Zipcode									
Country									
WhatsApp (required)									
WeChat (optional)									
Skype/Zoom ID (optional):									
EDUCATION									
(Please begin with the most recent of	and work backwar	ds)							
1. Name of Institution:									
Degree Completed: Major Specialization:									
Completion Date:									

Country:	Language of Instruction:								
2. Name of Institution:									
Degree Completed:		Major Specialization:							
Completion Date:									
Country:		Language of Instruction:							
3. Name of Institution:									
Degree Completed:		Major Specialization:							
Completion Date:		i							
Country:		Language of Instruction:							
ADMINISTRATIVE EXPERIENCE									
(Please begin with the mo	st recent and work backwar	ds)							
1. Name of Institution:									
Country:		Position/Job Title:							
Employment Start (MM/									
Employment End (MM/I	DD/YYYY)								
Responsibilities:									
Total number of staff w	ho report directly to you	•							
2. Name of Institution:									
Country:		Position/Job Title:							
Employment Start (MM/									
Employment End (MM/I	DD/YYYY)								
Responsibilities:	1 . 1 1								
Total number of staff w	ho report directly to you	•							
3. Name of Institution:									
Country:									
Country: Position/Job Title: Employment Start (MM/DD/YYYY)									
Employment End (MM/DD/YYYY)									
Responsibilities:									
Total number of staff who report directly to you:									
ENGLISH PROFICIENCY									
If you have a recent score for any of the following English language proficiency test in the past two years, please list below.									
Test	Date (MM/DD/YYYY)	Test ID No.	Score						
TOEFL									

IELTS										
GRE										
Others:										
		<b></b>			<del>-</del>					
Rate your English proficiency in the following areas, using a score from 1 to 5 (low-high):										
Not so proficient	1	2	3	4	5	Extremely proficie	nt			
Listening:		Speaking:		Rea	iding:	Writing:				
<u> </u>		<u> </u>								
AWARDS & RECOGNITION										
I declare that the information given in support of this application is accurate and complete. I understand										
that any misrepresentation will result in the disqualification of my application for the United Board										
Fellows Program.										
Signature:						Dates				