MATILDA W. SINCLAIRE AWARD NOMINATION FORM

DATE: ___________________________ AGENCY: ________________________________

_____________________________________________________________

NOMINEE’S NAME: FOREIGN SERVICE RANK

_______________________________________________

LANGUAGE LEARNED:_________________ STARTING SCORE: S____ R____

LOCATION OF TRAINING OR FIELD EXPERIENCE (Institution/Place):

___________________________________________________________________________

LENGTH OF TRAINING/WEEKS:___________ FROM:____ TO:____

CURRENT SCORE: S____ R____

Certification by FSI Testing Unit (Signature)

OTHER TEST SCORE IN THIS LANGUAGE BEFORE/AFTER TRAINING OR FIELD EXPERIENCE:

S_____ R_____ DATE___________

_____________________________________________________________

TYPED NAME AND POSITION TYPED NAME AND POSITION OF
OF NOMINATING OFFICIAL NEXT-IN-LINE SUPERVISOR

_____________________________________________________________

SIGNATURE SIGNATURE

ATTACH DOCUMENTATION: Must include nominating statement, not to exceed one page, DS-651
Language Training Report or DS-1354 Language Proficiency Report if appropriate