

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
OF NOMINATING OFFICIAL

TYPED NAME AND POSITION OF
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