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	ATTACHMENTS

FOREIGN OPERATIONS ADMINISTRATION  
BIOGRAPHICAL DATA

On Technical Assistance Participants Visiting the U. S.

TO BE COMPLETED BY U.S.O.M.

TA NO.	ACTIVITY TITLE
MSU Contract	Political Science
COUNTRY	FIELD OF ACTIVITY
Vietnam	Pub. Administration
PROPOSED ARRIVAL DATE U.S.	PROPOSED DURATION OF VISIT
September 1958	12 Months

INSTRUCTIONS TO PARTICIPANTS: Prepare this form on a typewriter in English. In order to prevent delay and to assist in planning your program, answer every question clearly and completely. If more space is needed, use a blank sheet of typing paper. Write your name, country, and date of birth on each sheet.

INFORMATION REGARDING PARTICIPANT

1. NAME (Last or Surname in capital letters)	(First)	(Middle)	SEX (M or F)
DICH	BUU		M
2. ADDRESS (Street)	(City or Town)	(Country)	
595/76 Phan Dinh Phung	Saigon	Vietnam	
3. BIRTH DATE (Day, Month, Year)	4. BIRTH PLACE (City & Country)	5. COUNTRY OF CITIZENSHIP	
June 22 1929	Hue Center Vietnam	Vietnam	
6. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR SPOUSE, YOUR FATHER, AND YOUR MOTHER			
SPOUSE	NAME Dang Thi Hong Van	DATE OF BIRTH 25	PLACE OF BIRTH Hue
MOTHER	Dang Thi Que	58	Hue
FATHER	Ung Thieu	67	Thanh Hoa
			OCCUPATION Teacher
7. PERSON AT HOME TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address, and Relationship)			
Ung Thieu 595/74 Phan-Dinh-Phung Saigon - Father			
8. PERSON IN U. S. TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address, and Relationship)			
Pham-Dang-Tai Vietnamese Embassy Washington Brother-in-law			
9. HAVE YOU EVER BEEN IN THE U. S.? IF SO, WHEN, WHERE, FOR HOW LONG AND FOR WHAT PURPOSE?			

No

10. HAVE YOU EVER TRAVELED TO COUNTRIES OTHER THAN U. S., IF SO, WHEN, WHERE, AND FOR HOW LONG? (Include travel for educational purposes as well as pleasure)

No

11. HAVE YOU PARTICIPATED IN OR APPLIED FOR ANY OTHER U. S., U. N., OR PRIVATE TECHNICAL ASSISTANCE ACTIVITY? IF SO, SPECIFY:

No

12. LIST MEMBERSHIP IN EDUCATIONAL, PROFESSIONAL, AGRICULTURAL, LABOR OR OTHER TYPES OF ORGANIZATIONS AND SOCIETIES OF A SIMILAR NATURE. IF YOU HOLD OFFICE IN ANY OF THESE ORGANIZATIONS, SPECIFY.

No

13. OBJECT OF PROPOSED VISIT. BE SPECIFIC. INDICATE FIELD OF ENDEAVOR, CROP, PRODUCT, PROCESS, TECHNIQUE, ETC. TO BE OBSERVED, STUDIED, OR WORKED ON. E. G. MILK MARKETING, ETC.

To participate in a MSU/Saigon sponsored tour to U.S. for a period of 12 months.

NAME OF PARTICIPANT <b>BUU-DICH</b>			COUNTRY <b>Vietnam</b>	DATE OF BIRTH <b>June 22, 1929</b>	
14. EDUCATION: INCLUDE INFORMATION CONCERNING PREPARATORY OR SECONDARY SCHOOLS, UNIVERSITIES OR OTHER INSTITUTIONS OF EQUIVALENT RANK, IF YOU ATTENDED A TRADE OR VOCATIONAL SCHOOL OR COMPLETED APPRENTICESHIP INCLUDE THAT ALSO.					
SCHOOLS ATTENDED	TYPE	COURSE OF STUDY OR MAJOR	DEGREES, DIPLOMAS OR CERTIFICATES		DATE FROM <b>1947</b> TO <b>1950</b>
Providence School	Secondary	Letter (arts)	Bacc.		
Radio Electricity School	Technical	Radio electrici-city.	Technical agent 50		
National Inst. of	Univ.	Administration			1955
15. EMPLOYMENT <b>Adm.</b>			Not yet appointed		

(A) EXACT TITLE OF YOUR PRESENT POSITION			DATE EMPLOYED FROM <b>1955</b> TO PRESENT TIME		
PRESENT EMPLOYER'S NAME AND ADDRESS			APPROXIMATE SIZE OF BUSINESS OR ORGANIZATION (Number of employees or volume of business)		
KIND OF BUSINESS OR ORGANIZATION (Foundry, Milk Marketing, Cotton Textile Mig., etc.)		MACHINES OPERATED (if applicable)	NUMBER AND KIND OF EMPLOYEES YOU SUPERVISE, IF ANY		
DESCRIPTION OF YOUR DUTIES					

(B) DO YOU EXPECT TO RETURN TO THIS SAME POSITION?  YES  NO IF NOT, HOW IS THE PROGRAM RELATED TO YOUR STUDIES AND FUTURE PLANS?

Future plan: to be a teacher of political science at the National Institute of Adm.

(C) EXACT TITLE OF YOUR LAST PREVIOUS POSITION			DATES EMPLOYED		
Deputy Chief of Dalat Radio Station			FROM <b>1953</b> TO <b>1955</b>		
PREVIOUS EMPLOYER'S NAME AND ADDRESS			APPROXIMATE SIZE OF BUSINESS OR ORGANIZATION (Number of employees or volume of business)		
Department of Public works and Telecommunication					
KIND OF BUSINESS OR ORGANIZATION (Foundry, Milk Marketing, Cotton Textile Mig., etc.)		MACHINES OPERATED (if applicable)	NUMBER AND KIND OF EMPLOYEES YOU SUPERVISED, IF ANY		
DESCRIPTION OF YOUR DUTIES					

To supervise maintenance and reparation of Telecommunication materials

16.	LANGUAGE PROFICIENCY	READING			SPEAKING			UNDERSTANDING		
		EXCELLENT	GOOD	FAIR	EXCELLENT	GOOD	FAIR	EXCELLENT	GOOD	FAIR
ENGLISH		X				X				
OTHER	French	X		X			X			

BEFORE SIGNING THIS FORM CHECK BACK OVER IT TO MAKE SURE THAT YOU HAVE ANSWERED ALL QUESTIONS CORRECTLY.

I CERTIFY that I have reviewed the statements made in this application and that they are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I further agree that if I am accepted under this program, I will follow diligently the program arranged as requested by my government and will not seek extension of the period of my program. I further agree that upon completion of my training, I will return to my country without delay and will endeavor to utilize, for the benefit of my country the training acquired under this program.

*Buu-Dich*

June 28, 1958

SIGNATURE OF PARTICIPANT DATE

LANGUAGE CERTIFICATION: I CONCUR IN ITEM 16 ENTRIES FOR ENGLISH  YES  NO. IF "NO", EXPLAIN:

OFFICIAL TITLE	SIGNATURE OF OFFICIAL	DATE
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