



UNIVERSIDAD
AUTÓNOMA DE
YUCATÁN

Departamento de
Intercambio Académico

Return form to:
Study Abroad Office
901 Paradise Creek Street
LLC Building # 3, Ground Floor
University of Idaho
Moscow, ID 83844-1250

STUDENT PROFILE - HOMESTAY APPLICATION

PERSONAL INFORMATION

Family Name:	First Name:
Mailing Address:	
Nationality:	Postal Code:
Home phone number:	Home e-mail:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:

ARRIVAL INFORMATION

Airline:	Flight Number:
Date of Arrival:	Time of Arrival:

I plan to enroll in the following course(s)

<input type="checkbox"/> Anthropology Course	<input type="checkbox"/> Education Course	<input type="checkbox"/> Economics Course	<input type="checkbox"/> Chemical Engineering Course
<input type="checkbox"/> Mathematics Course	<input type="checkbox"/> Veterinary Medicine & Zootechnics	<input type="checkbox"/> Spanish Course	<input type="checkbox"/> Business Accounting
<input type="checkbox"/> Engineering Course	<input type="checkbox"/> Chemistry Course	<input type="checkbox"/> Psychology Course	<input type="checkbox"/> Law Course

PROFILE

Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you Drink? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you vegetarian? Yes <input type="checkbox"/> No <input type="checkbox"/>
I can eat: Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Fish <input type="checkbox"/> Pork <input type="checkbox"/> Shellfish <input type="checkbox"/> Dairy <input type="checkbox"/> Vegetables <input type="checkbox"/> Fruit <input type="checkbox"/> Potatoes <input type="checkbox"/> Rice <input type="checkbox"/> Pasta <input type="checkbox"/> Bread <input type="checkbox"/>		
What, if any, are your allergies? Is there anything you cannot eat? Please be specific and exact.		
Do you have any medical conditions we should know about? Please be specific and exact.		

Please tell us about your interests lifestyle, and preferences:

Name of your university or employer:		Area of study or occupation:	
Hobbies/Pastimes:			
Other things you like to do:			
Things you do not like to do:			
I consider myself to be: a shy person <input type="checkbox"/> an outgoing person <input type="checkbox"/>			
My lifestyle is: Active <input type="checkbox"/> Quiet <input type="checkbox"/>			
Are you comfortable being alone? Yes <input type="checkbox"/> No <input type="checkbox"/>			
I prefer to live with a family: with children <input type="checkbox"/> without children <input type="checkbox"/> no preference <input type="checkbox"/>			
Are you allergic to, or afraid of any kind of animals? Yes <input type="checkbox"/> No <input type="checkbox"/>			
I prefer to live with a family: with pets <input type="checkbox"/> without pets <input type="checkbox"/> no preference <input type="checkbox"/>			

Other comments you would like to include:

You may also wish to include:

----- photos of yourself which may be sent to your host family

_____ a short essay or letter telling us more details about yourself, your family, or your reasons for joining our program.

Please read carefully and sign below:

- I understand that I am to be neat and clean in my host family's home.
- I assume complete responsibility for my personal financial needs.
- I promise Not to charge long-distance phone calls to my host family.
- I agree to respect the rules and guidelines outlined by my host family, including rules about evening curfew.

We will do our best to match you with a family who matches your needs, preferences, and lifestyle. Due to the high volume of requests that we receive, we may not be able to match 100% of your criteria. Medical conditions will be given first priority during the matching process. All other needs and preferences will follow.

Signature_____

Date_____