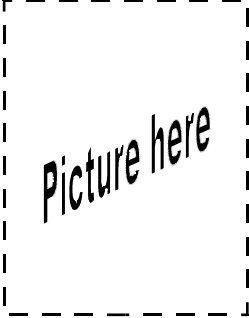




**International Homestay Application**  
Dirección de Programas Internacionales  
Departamento de Intercambio Universitario

**PLEASE READ THE INTERNATIONAL STUDENT HANDBOOK PAGES 12-13, BEFORE FILLING UP THIS FORM, TO MAKE CERTAIN THAT THIS TYPE OF HOUSING IS RIGHT FOR YOU.**



**Personal Information**

NAME: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
RELIGIOUS AFFILIATION: \_\_\_\_\_

**Room Type & Term**

SHARED ROOM \_\_\_\_\_ SINGLE ROOM \_\_\_\_\_  
SPRING \_\_\_\_\_ FALL \_\_\_\_\_ SUMMER \_\_\_\_\_ MAY-JUNE \_\_\_\_\_  
JAN - MAY \_\_\_\_\_ AUG - DEC \_\_\_\_\_ JUNE - JULY \_\_\_\_\_  
JULY - AUGUST \_\_\_\_\_  
4-WEEK SPANISH, SESSION(S):  
FROM \_\_\_\_\_ TO \_\_\_\_\_ YEAR \_\_\_\_\_

**Skills, Interests & Habits**

SPANISH SPEAKING SKILLS: NONE \_\_\_\_\_ BEGINNER \_\_\_\_\_ INTERMEDIATE \_\_\_\_\_ ADVANCED \_\_\_\_\_  
INTERESTS/HOBBIES: \_\_\_\_\_  
PREVIOUS TRIPS ABROAD: \_\_\_\_\_  
CHARACTER: OUTGOING \_\_\_\_\_ SHY \_\_\_\_\_ INDEPENDENT \_\_\_\_\_ QUIET \_\_\_\_\_ SOCIABLE \_\_\_\_\_  
OPTIMISTIC \_\_\_\_\_ CHEERFUL \_\_\_\_\_ SERIOUS \_\_\_\_\_ TALKATIVE \_\_\_\_\_  
ARTISTIC \_\_\_\_\_ ATHLETIC \_\_\_\_\_ OTHER: \_\_\_\_\_  
DO YOU SMOKE: YES \_\_\_\_\_ NO \_\_\_\_\_  
WOULD YOU SHARE A ROOM WITH SOMEONE WHO SMOKES? YES \_\_\_\_\_ NO \_\_\_\_\_  
ARE PETS OK? YES \_\_\_\_\_ NO \_\_\_\_\_ WHICH? \_\_\_\_\_  
DO YOU HAVE ANY SPECIAL DIETARY RESTRICTION? YES \_\_\_\_\_ NO \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_  
DO YOU HAVE ANY ALLERGIES OR NEED SPECIAL MEDICATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_  
ADDITIONAL COMMENTS OR SPECIAL NEEDS: \_\_\_\_\_

**Flight Information**

DATE & TIME OF ARRIVAL, AIRLINE, FLIGHT NUMBER: \_\_\_\_\_  
WILL YOU REQUIRE "PICK-UP-AT-THE-AIRPORT" SERVICE? YES \_\_\_\_\_ NO \_\_\_\_\_  
EXPECTED DEPARTURE DATE: \_\_\_\_\_

**THIS FORM MUST BE SENT ALONG WITH YOUR \$20 USD RESERVATION FEE AT LEAST 30 DAYS PRIOR TO EACH CLASS PERIOD START.**

**FOR OFFICE ONLY**  
ASSIGNED TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FEE: \_\_\_\_\_ METHOD OF PAYMENT: \_\_\_\_\_  
COMMENTS: \_\_\_\_\_