

INTERNATIONAL HOSPITALITY PROGRAM
International Student Application Form

Name: _____

Email: _____ Home Country: _____

Local address: _____

Phone number: _____ Alternate phone number: _____

Circle preferred contact method: Email Phone

Level of Study: _____ Major: _____

Languages spoken: _____

Religion: _____ Do you actively practice your religion? Y N

Gender: M F Age: _____ Marital Status: Single _____ Married _____

Do you have dependants with you? Y N

If yes, are they interested in participating? List name, age, and relationship for each.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly describe your interests and goals from the International Hospitality Program.

Which activities seem most interesting to you? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Sharing meals | <input type="checkbox"/> Exercising / Physical Activities |
| <input type="checkbox"/> Celebrating American Holidays | <input type="checkbox"/> Conversations about American culture |
| <input type="checkbox"/> Attending worship services | <input type="checkbox"/> Conversations about your home culture |
| <input type="checkbox"/> Transportation to/from airport | <input type="checkbox"/> Traveling |
| <input type="checkbox"/> Temporary Housing | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Transportation to/from local shopping areas | |
| <input type="checkbox"/> Movies/ Local Entertainment | |

Do you (or if married, your spouse and family) have any food restrictions? If so, please list.

Do you have concerns or feel uncomfortable about any aspect of the Hospitality Program? If yes, what are they?

Is there a specific type of family you are interested in meeting? E.g. young children, older couple, faculty member from Kent State University, etc.

I hereby grant my permission for the staff of the Office of International Affairs to release my name and personal information to campus/community members in an effort to foster a relationship between myself and a campus/community member. I understand that take full responsibility for and I may not hold Kent State University, the Office of International Affairs, or the individual employee responsible for the outcome of sharing this information. I also realize that I accept any and all responsibility for responding to and upholding the relationship established by signing this form.

Signature

Print Name

Date

Please return to International Student and Scholar Services, Bowman Hall Room 128
mhughes5@kent.edu