

INTERNATIONAL ADMISSION- STUDY ABROAD

UNIVERSIDAD DE TARAPACÁ

Application for Homestay

Dates you plan to stay _____

Personal information:

First Name _____ Last name _____

Male _____ Female _____ Date of birth _____

Address where to send mail: _____

Email address _____

Emergency Contact person:

Name _____

Relationship to you: _____

Address _____

Phone number _____ email _____

Compatibility Questionnaire:

1. Smoking. Do you smoke? **Y N** If you don't, do you mind if somebody smokes at home? **Y N**

2. Meals. Homestay usually includes three meals per day.

Do you have any food limitations? **Y N** Are you a vegetarian? **Y N**

Do you need any special diet? **Y N** If yes, please explain _____

Are you allergic to any food? **Y N** If yes, please explain_____

List foods you would like to “avoid” eating _____

List your favorite foods _____

3. Health. Do you take regular medicine? **Y N** For what situation

Do you have any non-food allergies? **Y N** What are some household items that may cause an allergic reaction for you your host family should be aware of?

4. Pets. Do you like/own animals? **Y N** What are they: **__Dogs, __cats, __birds, __Other?**_____

Do you mind living in a household with pets? **__ Absolutely NO pets.**

__ I would not mind living in a household with a _____

5. Children. Do you mind living in a household with children? **__ Absolutely NO children of any age.** **__ I would not mind living in a household with**

_____ (small children, grown children).

Do you mind living in a household with grown children of opposite gender? **Y N**

6. Other US Students. Would you like to stay in the same household with another American student? **Y N** If yes, who _____

7. English Language. Which host family would you prefer? **__Some English skills.**

__No English skills at all.

Thank you for this information