Oakland University International Students and Scholars Office Host Family Program <u>Host Participation Profile</u>

Name (Last, first)					
Address					
City	State	Zip			
Home Phone	Work PhoneCell		phone		
E-mail	Marital Status		_ Gender:	M	F
Occupation					
How did you hear about us?			-		
List below the names and age relationships with you.	s of the members in your immedia	te family who live	with you an	d their	
Hobbies					
Spouse's Occupation					
Please list two personal refere	nces including one who is not rela	ated to you.			
Name		hone			
Name	Relationship P	hone			
	Relationship				
Student preference – please w	rite 1 next to your first choice, 2 f	for second choice,	and so on:		
No preference	Family	Married-no o			
Single Male	Single Female	I wo singles			

Do you wish to be partnered with students from a particular country? If so what country?

What experience do you bring to the Host Family program that would benefit the international students (fluency in a second language, overseas trips, education, etc.) Experience is not required to participate in the Host Family Program.

What motivates your interest in this program?

I verify that all the information that I have provided is accurate to the best of my knowledge.

Applicant's Signature	Date	
Spouse's Signature (If applicable)	Date	

Please scan, fax or submit the completed form to

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