

SHORT-TERM PROGRAM HOMESTAY APPLICATION

Complete and email to: American Language & Culture Institute TEL: 760-750-3200
California State University San Marcos E-MAIL: alci@csusm.edu
San Marcos, CA 92096-0001
ALCI will forward your application to a private homestay agency.

Program Information:

Program Name Session/Year

Contact Information:

First Name Last Name

Mailing Address

City State Country Zip Code

Telephone Number Fax

E-Mail Address Birthdate (mm/dd/yr) Age
Male Female Single Married

Person to Contact in Case of an Emergency:

Name Relationship to you

Telephone Number E-Mail Address

Personal Information:

What is your personality type? Shy Outgoing Other

What are your hobbies?

What are your listening and speaking skills in English? good fair poor TOEFL score:

Do you smoke? Yes No Do you drink alcohol? Yes No

Do you have any medical conditions, allergies, or special diet requirements that would affect your placement? Yes No
If yes, please describe:

Will you live in house with:
dogs? Yes No cats? Yes No other pets? Yes No

Will you live in a house with children aged 12 and under? Yes No

Do you have a roommate preference (Optional)? Yes No

Roommate's name: First Name Last Name

(If you choose a roommate, your answers to the questions about diet, pets and children must be the same.)

I certify the above information is true and correct:

Student Signature Date Signature of parent or guardian Date if student is under 21 years of age