Carnegie Mellon University Host Family Program for International Students Office of International Education

Questionnaire for Students

First Name:	Last Name:
Male: Fer	male:
Date of Birth (must b	pe 18 years of age or older):
Carnegie Mellon Ema	ail Address:
Alternate Email Addr	ress:
Phone Number:	
Local Campus Addres	ss:
Languages spoken of	ther than English:
CMU School (please	check): College of Engineering College of Fine Arts
Dietrich College	Heinz College of Information Systems and Public Policy
Mellon College of Sci	ience School of Computer Science Tepper School of Business
Academic Major and	Academic Year
When do you expect	to graduate (month and year)?
Please check: Under	graduate Student Master's Student Ph.D. Student
Please list any allergi	es or dietary restrictions:
Please list any medic	al issues or mobility issues of which your host family should be aware.
Do you smoke? Yes_	No
· ·	would it be a problem for you? (Please check one.) Yes No, it is e to be matched with a smoker
	or dog, would it be a problem for you? Yes No, it is not a probleme a cat or dog
If you have a partner	/spouse, would this person like to be included in this program? If so,
please indicate your	partner/spouse's name:
Please list your hobb	ies and interests.

My favorite way to spend a Saturday is
I would like to gain the following from a Host Family experience
I authorize CMU to share this information with the family chosen to host me. Yes No
Please send this questionnaire to hostfamily@andrew.cmu.edu ; or drop it off at our office:
Office of International Education (OIE) c/o Christine Asenjo 1st Floor, Posner Center Carnegie Mellon University 5000 Forbes Ave. Pittsburgh PA 15213

When the questionnaire and the Student Participant Release are received, your application will be complete. You'll be notified when a host family match is found for you. Thank you!