

STUDENT APPLICATION FOR INTERNATIONAL FRIENDSHIP PARTNER PROGRAM
MESA COMMUNITY COLLEGE



STUDENT FRIENDSHIP PARTNER APPLICATION

Today's Date _____ Your Birthday _____

Name _____ Country of Citizenship _____
(Family) (First)

Local Address _____ City _____ Zip code _____
Street and apartment number

Telephone Number _____ Email Address _____

Your Age _____ Your Sex _____ Are you married? _____

Is your spouse here? _____ His/her name if here _____

Are your children here? _____ Their name, sex and age _____

When did you begin your studies in the U.S.? _____

When did you begin your studies at Mesa Community College? _____

How long do you expect to stay in the U.S.? _____

Major field of study _____ Undergraduate (give class level) _____

Languages you speak _____ Please describe any diet restrictions _____

Do you need transportation? _____ What are your hobbies and interests? _____

Are animals in the home all right with you? _____

How did you first hear about the International Friendship Partner Program?
 Recommended by a friend
 During International Student Orientation Presentations
 Printed material in the International Student Office
 Printed material in the Exchange Student Office
 Other

Please Note: Your INTERNATIONAL FRIENDSHIP PARTNERS may be a married couple with children, a married couple without children, or an individual of the same sex with or without children.

Please return this form completed to: Carolyn Johnson
cj4isi@cox.net