

International Friendship Program Student Sign-up Form

Please complete this form and give it to the International Student Advisor. This information will be shared with your host family.
Please print clearly.

Date:

Name:

Citizen of (city and country):

Vincennes address (dorm or off-campus address):

Telephone:

Cell phone:

Email:

What is the best way to contact you?

Date of arrival to VU:

Age: _____ Female Male

Area of Study:

Plans after graduation:

Interest and hobbies:

Food that you CANNOT eat:

Allergies (if any):

Do you like children?

When do you prefer to be invited (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Any time of the year | <input type="checkbox"/> University Vacations |
| <input type="checkbox"/> Weekends only | <input type="checkbox"/> Any day of the week |

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