



UNIVERSITY OF COLIMA

GENERAL DIRECTION OF INTERNATIONAL RELATIONS AND ACADEMIC COOPERATION

HOMESTAY APPLICATION

Fill in the following format after receiving the confirmation of your acceptance and return this form to the General Direction of International Relations and Academic Cooperation of the University of Colima, by fax (+52 312-31-61064) or by e-mail (fsilva4@ucol.mx).

Applicant's name _____

Age _____ Sex M F Marital Status _____

Home Country _____ e-mail _____

Home University _____

Host school at University of Colima _____

Length of stay: _____ Period Feb – Jul Aug - Jan

1. Date of the arrival (mm /dd / yy) ____/____/____

2. Would you share a room? Yes No

3. Have you ever lived in a different country than yours? Yes No

How long? _____

4. Have you ever visited (please specify how long you have been at some of these places):

Central America

South America

Mexico

Other countries worldwide

Specify _____

5. Indicate your Spanish level:

Good

Fair

Poor

None

6. Please check the box that best describes you.

| Activity | More than normal | Normal | Less than normal |
|---|--------------------------|--------------------------|--------------------------|
| Time spent studying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tolerance to the customs and attitudes of others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Noise tolerance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liking for amusement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cleanliness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liking for children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Do you smoke? Yes No

8. Do you consume alcoholic beverages? Yes No

9. Is there any cultural issue or religious practice that should be taken into account regarding the place where you are going to live? Yes No

Specify _____

10. How would you describe yourself?

11. Which is your favorite food?

Choose one of the options checking the box.

- I will get a place to stay by my own*
- I would like to stay with a Host Family**
- I would like to live with other students sharing a house or an apartment ***

* If you opted for the first option you can stop answering this questionnaire.

** If you opted for the second option please continue go to question no. 12

*** If you opted for the third option please go to question no. 21

Host Families Program

12. Would you be comfortable with a family that:

- has young children?
- has teenagers?
- has young adults?
- No preference

13. Would you be comfortable with a family that has pets?

Yes No No preference

14. Do you have some special nutritious regime? Yes No

Specify: _____

15. Do you eat any chicken, fish or red meat?

16. Are you willing to be flexible regarding the food during your stay? Yes No

17. Is there any specific condition that you find difficult to tolerate regarding the place where you are going to live? Please specify

18. Do you have any allergies? Yes No

Please list any food that you cannot eat, any allergies or medical problems that you may have.

19. Please tell us about yourself, your hobbies, interests, plans, etc.

20. What kind of activities would you like to do with your Host Family?

Lodging program

21. Please specify any special characteristic or need regarding the place where you are going to live. _____

22. What would you prefer?

- Live by my own.
- Live in an apartment.
- Share a house or apartment with other students.

23. Would you rather live with a:

- Foreign?
- Mexican?
- No Preference

Note: This information is helpful for the assignment of your Host Family or Accommodation more akin to your criteria; however, there is no guarantee that all preferences get covered by issues of availability.

Students signature

Place and date