

APPLICATION FOR FRIENDSHIP FAMILY
(STUDENT APPLICATION)

PLEASE PRINT

NAME _____

SCHOOL ADDRESS _____

CITY _____

ZIP _____

PHONE _____

E-MAIL _____

GENDER (CIRCLE ONE) MALE FEMALE

WHAT IS YOUR EXPECTED DATE OF GRADUATION FROM MSU _____

HOME COUNTRY _____

WHAT LANGUAGES DO YOU SPEAK? _____

ARE YOU MARRIED? _____ IS YOUR SPOUSE WITH YOU? _____

LIST ANY FOODS THAT YOU DO NOT EAT _____

RELIGIOUS PREFERENCE _____

SPECIAL INTERESTS OR HOBBIES _____

PLEASE READ THE FOLLOWING AND SIGN AT THE BOTTOM IF YOU
AGREE:

- I understand that my Friendship Family is not responsible for my living situation and therefore I do not expect to stay with them except for short stays on weekends or holidays if they invite me.
- I understand that I am expected to get together with my Friendship Family about 2-3 times a semester. I also understand that I can initiate contact with my Friendship Family and do not have to wait for them to call me.
- I understand that my Friendship Family is not financially responsible for me and therefore I will not expect money from them for tuition or plane tickets home.
- I agree to let the International Student Office release my name, phone number and any other placement information on this application to the family that they match me with.

Student signature _____

Date _____

Please return this application to: International Student Office
219 Centennial Student Union
Minnesota State University, Mankato
Mankato, MN 56002-8400
Phone: 389-1281

For Office use only

Family matched with: _____

Family's address: _____

Family's phone number: _____

Date matched: _____