

CUAbroad
Rome Housing Preference Form



Name (Last, First)

Abroad Term (semester & year)

Sex

Birthday (day/month/year)

Major & Minor

Circle your selected Track: **The Italian Immersion Track** (live with host family)

The Liberal Arts Track (live in dormitories)

Circle your fluency in Italian:

None Poor Fair Good Excellent Fluent

Circle any of the terms that describe you					
Organized	Independent	Adventurous	Social	Quiet	Talkative
Loner	Shy	Extroverted	Noisy	Untidy	Tidy
Light eater	Moody	Early to bed	Night owl	Early riser	Later riser
Willing to adapt	Sense of humor	Studious	Curious	Religious	
Picky eater	Eat anything		Easy to please		

Health Information		
Are you diabetic?	YES	NO
Do you have ulcers?	YES	NO
Do you have allergies? (food, pets, medicines, etc.)	YES	NO
Do you smoke?	YES	NO
Are you a vegetarian?	YES	NO
Do you have any special dietary needs?	YES	NO
Do you take medication on a regular basis?	YES	NO
If so, name of prescription(s)		
If you answered yes to any of the above questions, please be as specific as possible about the nature of those conditions. Vegetarians should be aware that the foods you eat at home may not be available in Italy.		

Comments/Explanations from the above:

Keep in mind that in general, more people smoke overseas than in the US. Also, many families have dogs or other pets.

Please indicate how strongly you feel about living in a family with:

Smokers --

Strongly against

Slightly against

Indifferent

Prefer

Pets --

Strongly against

Slightly against

Indifferent

Prefer

Do you have any physical disabilities? If so, please describe below:

What are your major educational and academic interests?

What are your leisure and recreational interests?

Please add any information that you think would be helpful in finding a suitable host family for you. Keep in mind that not all preferences can be honored.

SIGNATURE

I, _____, certify that all responses made on this form are true and accurate. I understand that this form is for information purposes and that it may be shared with potential host families.

Signed (Student) _____

Date (month/day/year) _____