CU Abroad
Dublin Internship Housing Preference Form

Name (Last, First) ______________________________  Abroad Term (semester & year) ______________________

Sex __________________________ Birthday (day/month/year) __________________________ Major & Minor __________________________

☐ Yes! I will be utilizing the homestay option, offered by the Institute of Public Administration.

☐ NO. I will not need a homestay. I am responsible for finding my own accommodation.

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 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.

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<tr>
<th>Please indicate how strongly you feel about living in a family with:</th>
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<tr>
<td>Smokers --</td>
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<td>Strongly against</td>
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<td>Pets --</td>
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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)