

Please enter your information by typing directly in the boxes.
Then print this form and send it back to us by fax or regular mail. You
will not be able to save it.

University of California, Riverside-Extension -- International Education Programs

APPLICATION FOR HOMESTAY - Albino Marks - EstudareUA.com

Name _____

(Last) (First)

Company or Sponsor (If applicable) _____

Program you will enroll in: _____

DATES YOU WOULD LIKE HOMESTAY:

Arrival: _____ Departure: _____

A homestay is for the period of enrollment only, usually beginning the registration week and ending within a few days of the end of program.

Gender: Male Female Age: _____ Birth date: _____

(Month/Day/Year)

Nationality: _____

Native Language: _____

Do you smoke? Yes No

If you smoke, are you willing to stay with an American family in which you could not smoke inside the house? Yes No

If you are a non smoker, would you mind staying with a smoking family? Yes No

(Please note that in some circumstances, we may NOT be able to accommodate you if you smoke and are unwilling to smoke outside.)

Most American families have children and pets. If you answer NO to any of the following questions, it may take us longer to find you a homestay.

While we will make every effort to accommodate your preferences, there is no guarantee we will be able to do so.

Would you prefer a family with children? Yes No
No preference

May we place you in a family that has cats? Yes No

May we place you in a family that has dogs? Yes No

Foods you will not eat: _____

Favorite Foods: _____

Allergies: _____ Physical handicaps: _____

Your interests: _____

Your character: _____

PLEASE SEND THIS FORM TO:

International Education
Albino Marks,
2542 Waterford Ct. San Bernardino, CA 92408, U.S.A.
Phone: (1-909) 422-1002, Fax: (1-909) 422-1002
E-mail: info@estudareua.com

Are you planning to buy or rent a car to use for your daily transportation? Yes No

If "yes": will you have transportation when you arrive? Y N

Last school you attended: _____

Your Occupation: _____

Your Family Information: (Name, Age, Relationship, Occupation)

Please attach a letter telling us why you want to stay with an American family. What are your expectations? (You may include a letter to your American family, if you wish.)

Your Address:

City: _____ Country: _____

Telephone: _____

Fax: _____

E-mail: _____

HOMESTAY FEES

Programs 10 weeks or longer:
\$700 per month*
\$23 per day* for any
portion of a week.

Programs less than 10 weeks:
\$175 per week* and
\$25 per day* for any
portion of a week.

*These fees include a double-occupancy room and 3 meals per day. You may be required to make your own breakfast and lunch with food provided by the family. The family is responsible for making your dinner and for transportation to and from UC Riverside Extension for university-Sponsored events and classes.

IMPORTANT INFORMATION

1. You must send TWO (2) photographs and a \$ 150 non-refundable placement fee. Make cashier's check/money order payable to : UC Regents.
2. This form should be received at least 3 to 4 weeks before your arrival. (The earlier the better due to limited space.)
3. We cannot guarantee that you will be placed in a home that satisfies all your preferences. The earlier we receive your application, the better chance we have of placing you with a family that meets your requests.
4. If your plans change and you cannot come, please let us know immediately.