

Summer Program Home Stay Questionnaire

This questionnaire will help the Housing Office meet your housing needs. We shall take into consideration your preferences and try our best to satisfy them. However, we do ask you to be adaptable and prepared for living conditions, although comfortable, that may differ from those you are used to.

Please answer honestly. This information will be kept strictly confidential.

NAME _____
(Last) (First)

Home Institution and year _____

Have you previously traveled abroad? _____ Where? _____

Do you consider yourself self-reliant? _____

Do you tend to be neat or disorderly in your room? _____

Do you go out at night and frequently return home after 1 a.m.? _____

Do you study very late at night? _____

What are your special interests or hobbies? _____

Do you smoke? _____ Do you mind living in a home with a smoker? _____

Are you allergic to cats or dogs? _____

Is there any other information that is relevant to your housing needs?

Signature _____ Date _____

Please PRINT and COMPLETE this questionnaire and either

FAX it: +33 (1) 47.05.34.32

or MAIL it us:

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