

Student Application Form



Return to: BFIS c/o International Student and Scholar Services,
123 UCB, Boulder, CO 80309-0123

Phone: 303.492.8057 Email: BFIS@colorado.edu

http: www.colorado.edu/OIE/iss/bfis/default.htm

COMPLETE THIS FORM ONLY IF YOU WANT TO MEET REGULARLY WITH A FRIENDSHIP HOST

Name: _____ Date of Birth: _____
Circle your FAMILY name
day
month
year

Student ID Number: _____ Country of Citizenship: _____

Intended degree: Bachelor's Master's

Doctorate Exchange student

Field of study: _____

Arrival date in Boulder: _____

Sex: Female Male

Marital Status: Single Married

How long will you study at CU-Boulder?

1 semester 1 year _____

Please list the names of your spouse, children and their birthdates if they will be with you in the U.S.:

Spouse: _____

Children: _____

Present mailing address:

Present phone number: _____

E-mail address: _____

▪ What languages do you speak? Language: _____ Level: Fluent Some Very little

Language: _____ Level: Fluent Some Very little

Language: _____ Level: Fluent Some Very little

▪ Do you smoke? Yes No

▪ What is your favorite food? _____

▪ Do you have any food restrictions (e.g., do not eat meat, food allergies)? Yes No

If yes, please explain: _____

▪ **Required:** Please list your interests and hobbies.

Indoor: _____

Outdoor: _____

Athletic: _____

Artistic: _____

Music: _____

Other: _____

▪ Please indicate any of these typical Boulder activities that interest you by placing an "X" in the appropriate box.

<i>Ability level</i>	Hiking	Biking	Ski / Snowboard
recreational			
advanced			

Orchestra	Film	Drama

▪ Do you have allergies to or are you offended by something (for example: pets, alcohol, smoking, etc.?)

Please explain: _____

▪ Mark your preference (choose all that apply): ANY HOST household with kids household with no kids

single person (of your same gender)

Please use the back to tell us more information that will help to match you effectively.