

## SAINT MARY'S UNIVERSITY HOMESTAY REQUEST

Family Name:	Given Name:						
Address:							
D.	_						
Phone:	Fax:						
Email:	Male	Female	Age:				
Nationality:							
Please select the program you are registered in:							
Please give the dates of the program you are regist	tered in:						
Have you ever been in a Homestay program before	e? Yes	No					
Do you smoke?	Yes	No					
Are you willing to stay with smokers?	Yes						
Do you drink alcohol?	Yes						
Do you have any allergies?	Yes	No					
If yes, please list below:	163	140					

Do you have any dietary restrictions (e.g., religious), special needs, or medical conditions that you would like to share? Please make sure you list foods you cannot eat.

What are your interest and hobbies? Please be as complete as possible.





At home, are you a student?	Yes		No						
If yes, what program are you studying	? How	many	years	have	you	been	studyii	ng in	this
program?									
If no, what is your profession?									
How would you rate your English proficient In speaking? In writing? In reading? In listening? Overall?	ncy? (e	e.g., be	ginner,	, intern	nedia	ate, or	advand	ced)	
Have you travelled before?	Yes	5	No						
If yes, where have you travelled?									
Expected date of arrival in Halifax?									
Expected date of departure in Halifax?									
TERMS OF HOMESTAY									
I will stay with my host family for a complete semester. I will pay my host family the full semester's rent on arrival in Halifax. I agree to tell my host family 4 weeks before the day move. I understand that I may not move into my homestay until 9:00 am on the Saturday before my first semester begins. I understand that I must move out of my homestay on the Saturday following the last day of the semester. If I arrive before that time, I will arrange my own temporary accommodation in a hotel or hostel.									
I have read and understand the terms of homestay above and agree to abide by these rules.									
Signature:			Da	ate:					

