FYSAE LONDON
Housing Preference Form

Please return this form to our office as soon as possible by fax, mail, or e-mail. Our fax number is 215-572-2174; our mailing address is Arcadia University The College of Global Studies, 450 S. Easton Road, Glenside, PA 19038-3295; our e-mail address is auabroad@arcadia.edu.

Name: ___________________________ Birth date: _____________________

Sex: _____________________________

Email Address: ___________________________ Phone Number: _____________________

RETURN THIS FORM TO US IMMEDIATELY.

Please check the program appropriate to you:
_____ Fall semester    _____ Spring semester

HOUSING IS GUARANTEED BY ARCADIA UNIVERSITY UNLESS YOU ARE MAKING YOUR OWN LIVING ARRANGEMENTS.

- Arcadia University student housing
  If you have a mutual agreement to live with another student on your same Arcadia University program, please list your friend’s name below and make sure s/he indicates your name on his/her form (you may only list one person).

Friend’s Name: ___________________________

Very Important Note: We cannot guarantee any living requests, including roommates, location, or type of accommodation. All Arcadia University Housing is centrally located.

Please circle any term that applies to you:
Extroverted  Introverted  Quiet  Noisy  Tidy  Untidy  Morning-person  Night-owl  Shy  Outgoing
Impulsive  Organized  Procrastinator  Planner  Studious  Religious  Picky-eater  Vegetarian  Athletic  Artistic
Routine-oriented  Spontaneous  Easily stressed  Easy-going

Other(s): ________________________________________________

Do you smoke?  yes - no   Would you share a room with a smoker?  yes - no

Do you have any allergies or medical conditions, which may affect your housing assignment? Please list:

I understand and accept the Arcadia University housing policy as outlined in the Student Handbook.

Signature: ___________________________ Date: _____________________
SPECIAL NEEDS FORM

Please complete and return to your program coordinator at the following address:
Arcadia University The College of Global Studies, 450 S. Easton Road, Glenside, PA 19038-3295.

Name ______________________________________ Date of Birth _____________________________
E-mail __________________________________________

Program  FYSAE LONDON

The Arcadia University will work to assure reasonable arrangements for students with documented disability conditions (e.g. physical, learning, psychiatric, visual or hearing impairments). If you presently require such arrangements at your home school or anticipate needing them at your overseas program site, please let us know now so that we can work with your host program to make suitable arrangements while you are abroad. The information you provide on this form is considered confidential. Only those individuals who need to know will have access to this information.

Because we want you to enjoy a successful and rewarding study abroad experience, we encourage you to disclose all your disability-related needs at least four weeks prior to the beginning of the program. In most cases this will assure us enough time to make adequate disability-related arrangements for you.

If you choose not to disclose your need for special arrangements in time, Arcadia University will not be able to help provide them for you. Please answer no, where appropriate, and return the form signed at the bottom. If you answer yes to any of the questions below, please attach a separate sheet detailing the nature of your condition so that we may best serve you.

1. Do you anticipate requiring disability-related arrangements at the overseas site? If yes, please attach documentation from your home school describing the arrangements they provide for you (e.g. a letter from Disability Services).
   □ yes □ no

2. Are you currently receiving, or have you recently received, medical or psychological care of which you think we should be aware of in case of an emergency? (e.g. severe allergies, chronic health or psychiatric condition?)
   □ yes □ no

3. Is there any other information that you can share with us to help us prepare to accommodate your special requirements?
   □ yes □ no

I certify that the information submitted on this form is correct.

Signature _______________________________________ Date ____________________________
Homestay Questionnaire for: ________________________________
(Name)

Program: FYSAE LONDON

The opportunity to live with an UK family, even for a short time is described by many of our former participants as one of the highlights of their orientation experience. It is a unique way to gain a small and personal glimpse into your host country’s culture and lifestyle. A homestay allows you the opportunity to see a community and region that are not located where you will be studying. It also allows you to interact with people of a different profile to students your own age - for example older people or children. It may even be the beginning of an association and friendship that will continue long after your brief time with your hosts is over. The homestay is arranged through the Experiment in International Living (EIL) who has been providing these unique opportunities for students for years. Many of the host families volunteer each and every year and you will find a warm welcome as well as a desire to share their country with you. All that is required is your interest and curiosity.

In order for EIL to arrange the best possible placement that matches your personal profile, you are required to complete the homestay questionnaire. Our website, http://www.arcadia.edu/abroad/predeparture contains more information about the homestay and special requests. It is important that you read the homestay section carefully before completing this questionnaire.

I understand and accept the guidelines and information regarding Homestay as outlined on The College of Global Studies’ pre-departure website at http://www.arcadia.edu/abroad/predeparture.

Signature_________________________________________________________ Date_____________________

Homestay is arranged as part of the orientation program. It does not pertain to your housing/accommodation for the semester/year. Because the homestay is such a valuable experience, it is a mandatory component of the orientation.

I. Introductory Letter
Your host family would like to know something about you. Please write a brief introductory statement below. (You may want to share information about your family, where you live, where you go to school, hobbies and interests, etc. It doesn’t need to be long, just personal).
Name:_________________________________________________

II. Personal Information

Gender:    male    female

E-mail Address (so that your host family may contact you): _____________________________

Emergency Family Contact:__________________________________________________________

(name)                        (telephone number)                         (country)

Date of Birth:   ______________

Religious preference (optional): _________________________________________________

Are you willing to attend religious services with your hosts?     yes    no

If you have any other special requirements, please give details:

N.B. Students who require Jewish family homestays should remember that a homestay in the fall normally coincides with Rosh Hashanah or Yom Kippur. If you require a Jewish family homestay, or special arrangements to be made, please indicate above. We will do our best to accommodate your wishes, but we cannot guarantee Jewish homestays, and, depending on the number of special requests, you may be traveling to your host location alone or with other students. Please take the time now to think about special requirements since arrangements will be made based on the information you provide on this form.

Interests: (Check all that apply)

baseball  cooking  golf   piano   singing  swimming
bicycling  dancing  hockey  reading  skating  theater
camping  fishing  jogging  riding  soccer  TV
cinema  fitness  mechanics  sailing
computers  gardening  other: ____________________________

Kind(s) of music you enjoy:

pop   jazz     classical      folk       rock           opera       other: ___________

Would you like to be placed in a family with children?     yes     no     no preference

III. Medical Information

Do you have any physical conditions or limitations that would require special consideration?

    yes    no

Please detail:

Do you smoke?    yes    no

If yes, do you agree to give it up during your stay?    yes    no

If no, do you object to being placed in a household with smokers?    yes    no

Are you allergic to or do you have an aversion to any animals?     yes    no

Please give specifics:

Do you have any other allergies?     yes    no

Please detail:

Do you have any dietary restrictions or foods you do not eat?     yes    no