



Center for International Studies International Friendship Program Evaluation/Renewal Form

Today's date ____/____/____

*Thank you for participating in the International Friendship Program!
Please take a few moments to update your application.*

Select one: _____ I am an International Student _____ I am a Community Member/Friendship Family

Please complete BOTH the student and the friend/family member information to the best of your ability.

Student Information:

Last Name _____ First Name _____

Email Address: _____ Expected Graduation Date: _____

Phone (home): _____ Phone (cell): _____

Friend/Family Information:

Last Name _____ First Name _____

Spouse/Partner Name (if applicable) _____

Email Address: _____

Home Address: _____

Phone (home): _____ Phone (cell): _____

Please choose one of the following:

_____ I would like to stay connected with my current student or friendship family

_____ I would like to meet someone new through the International Friendship Program

_____ I can no longer participate in the International Friendship Program

Additional comments about your experience (if requesting new student, include new/relevant information about self or matching preferences): _____

Are you interested in helping plan community events and/or recruiting new families to the IFP? _____ Yes _____ No

Thank you for your interest in the International Friendship Program!

Please return form by fax, mail, or email to:

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Tel: 1-320-308-4287. Fax: 320-308-4223. Email: iss@stcloudstate.edu