



International Friendship Program Student/Visiting Scholar Application

Student/Visiting Scholar Information:

I am applying as a/an: Undergraduate Graduate Doctoral Visiting Scholar

Last Name: _____ First Name: _____

SCSU ID#: _____ Gender: Male Female: Other:

Major/Department: _____ Phone number: _____

SCSU e-mail: _____ Personal e-mail: _____

Address: _____ Home country: _____

How long do you intend to participate in this program? One-time Semester Year Continuous

Dependent (spouse/children) Information:

Do you have any dependents who wish to join you in your participation in this program? Yes No

Spouse/Partner's Name: _____

Child/children's names/ages: _____

Hobbies/Interests/Skills:

In what countries have you lived? _____

What language(s) do you speak? _____

Do you have any dietary preferences/restrictions/allergies of concern? _____

List your interests, hobbies, goals, travel experience, etc. (this information will help in matching you, so please be specific): _____

What would you like to gain from your participation in this program? _____

Host preference (to be matched with): *select all that apply*

Children: Yes No No preference Pets: Yes No No preference

Type of host: Community member/family SCSU Student SCSU Faculty/Staff

Student Signature: _____ Date: _____