FRIENDS TO INTERNATIONAL STUDENTS
HOST FAMILY APPLICATION

Mr.
Mrs. _____
Ms. Last Name First First Name of Spouse
Dr.

Residence Address: _____ City: _____

Zip: _____ Phone: _____ E-mail: _____

Occupation (Husband): _____ Phone: _____

Occupation (Wife): _____ Phone: _____

Names & Ages of Children: _____

Languages Spoken: _____

Civil & Professional
Organizations: _____

Special Interests: _____

Countries of Interest: _____

Comments: _____

Number of Students You are Willing to Accept: ____ Male ____ Female ____

References: (Please list local people)

1. Name _____ 2) Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Please Return Application Form To:

Diana Tiffany
Education Abroad & International Student Services
729 Elm Avenue, Room #150
Norman, OK 73019-0380
ddtiffany@ou.edu