

**D'Youville College  
Host Family Program**



**International Student Office  
College Center Room 111  
Buffalo, NY 14201  
Phone: 716-829-8119 Fax: 716-829-7788**

**International Student Application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Country Address: \_\_\_\_\_

What languages do you speak? \_\_\_\_\_

Academic Major: \_\_\_\_\_

Are you (circle one) a freshman, sophomore, junior, senior or graduate student?

Hobbies/Activities you would like to do: \_\_\_\_\_

\_\_\_\_\_

Are there foods that you do not eat? \_\_\_\_\_

What is your religious preference? \_\_\_\_\_

Please list any other relevant information \_\_\_\_\_

\_\_\_\_\_

The information on this application will aid the ISO in assigning you a host family from the D'Youville College Community. If you have any questions please contact Laryssa Petryshyn at 716-829-8119 or [petrvshl@dvc.edu](mailto:petrvshl@dvc.edu)