

Make a Friend. Be a Friend.

I would like to participate in the International Friendship Program. I agree to inform the IFP coordinator of my address, phone number and e-mail after I arrive at Florida Institute of Technology. I will also let the coordinator know if I wish to discontinue my participation.

Name _____

Name you would like your host to call you _____

Country of Origin _____ Primary Language _____

Address _____

City _____ State _____ ZIP _____

Telephone _____ E-mail _____

Major _____ Undergraduate Graduate

Do you have any dietary restrictions? Yes No If yes, please list _____

Do you have a spouse or children? Yes No If yes, please list _____

Do you have a car? Yes No

Is this your first visit to the United States? Yes No

International experience _____

Please rank programs in order of preference:

___ Conversation Program

___ Eat and Greets

___ Holiday Program

___ International Festival

___ Welcome Program

Please indicate activities or hobbies that you are most interested in _____

Note: We will try, but cannot promise, to match hosts with students who share similar interests.

Return completed application to:

Florida Institute of Technology
Office of International Student and Scholar Services
Attn: Coordinator IFP
150 W. University Blvd.
Melbourne, FL 32901-6975
Fax (321) 728-4570