TULANE UNIVERSITY
SUMMER PROGRAM at PUCV, 2012

I- PERSONAL AND CONTACT DETAILS

<table>
<thead>
<tr>
<th>Full name</th>
<th>Date of Birth</th>
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<tbody>
<tr>
<td>Gender</td>
<td>Nationality</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Passport number</td>
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<td>Email address</td>
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<td>Address</td>
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<td>City - State</td>
<td>Postal Code</td>
</tr>
<tr>
<td>Country</td>
<td>Phone number</td>
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Person to contact in case of emergency
Relationship with the student
Phone number
Email address

II- ACADEMIC BACKGROUND

University: ____________________________________________ __________________________
Major: ____________________________________________ Minor(s): __________________________
III- SPANISH AND PREVIOUS EXPERIENCE ABROAD

1) How many semesters have you studied Spanish at university? _____

2) Did you study Spanish in high school? _____ Yes _____ No

3) What is your proficiency in Spanish? _____Very good _____Good _____Fair _____Poor _____None

4) Have you ever had the chance to practice your Spanish outside of the classroom? If yes, in what context? (Travelling, speaking to family members, spending time in a Spanish speaking country or community, etc.)

5) Have you ever been outside of the United States? If you have, where did you go, for how long and what did you do? (Holidays, volunteering, studying, etc.)

IV- EXPECTATIONS AND INTERCULTURAL AWARENESS

1) What do you expect from this study-abroad experience?

2) What is the most important overall aspect for you during your time in Chile?
V- HOMESTAY INFORMATION

1) What sort of family would you like to live with?

___ Young family with no children
___ Young family with kids
___ Family with children of university-age
___ Divorced/ widow woman with children
___ Divorced/ widow woman with children of university-age
___ Family with no children (senior people)

2) What role would you like to play within your family?

___ Very interactive: you’d like to become a part of your host family and to be considered as another member of the family: having dinner together every night and participating of all the family’s activities
___ Interactive: you’d like to participate as a part of the family but, at the same time, keep your independence. You want the family to invite you to their activities but not feeling forced to participate all the time

3) What characteristics do you consider most important in a family?


4) Please use this box to describe yourself providing as many details as you can. Tell us about your personal characteristics, likes and dislikes, favorite sports, hobbies, etc. Please tell us about your family. Provide us any information you consider important to make your stay in Chile an enjoyable experience.


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5) Do you have any allergies, medical conditions or dietary needs?


6) Regarding smoking, what do you prefer?
   ___ Non-smoking at all
   ___ Smoking
   ___ I don’t smoke, but I don’t mind living with smoker people

7) Regarding pets, what do you prefer?
   ___ No pets at all
   ___ In-door
   ___ Out-door

**VI- MEDICAL INFORMATION**

1) Do you have any medical pre-existing condition?  ___ Yes  ___ No

2) Do you currently receive any treatments or medication on a regular basis?  ___ Yes  ___ No

If the answer is positive, please indicate what medicine are you prescript: ____________________________

3) Do you have any physical limitations or disabilities?
   ___ Yes (Name it______________________________)  ___ No

**VII- OTHER INFORMATION**

1) Why did you decide to study abroad?


2) Why did you decide to study in Chile?


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3) How did you find out about our programs?

___ Internet search
___ Home University, Study Abroad Office
___ Home University, Program Director (professor who travels with students)
___ Home University, Professor
___ PUCV, International Programs website
___ PUCV, Printed materials
___ Through a friend
___ Other ____________________________

4) Which of the following options did you regularly use to figure out the process of studying at PUCV?

___ Home University, Study Abroad Office
___ Home University, Program Director
___ Home University, Professor
___ PUCV International Office, website
___ PUCV International Office, Program Coordinator
___ PUCV International Office, Program Assistant
___ Other ____________________________

VIII- DECLARATION

By signing below, I certify that the above information is true to the best of my knowledge. I also acknowledge the following: I, and my parents or guardians, agree to release the PUCV and its staff from any claims arising out of the provision of medical care in my host country.

SIGNATURE: ___________________________ DATE: __________________________

Thank you very much for taking your time to answer all questions.