HOST FAMILY PROGRAM

Please complete this form and mail/fax it to:
Visa and Immigration Services, E5310 Melville Library, State University of New York,
Stony Brook, NY 11794 – 3393
Fax # (631) 632-7064

Date:

Name:

Last First

Nationality:

Permanent Address:

Stony Brook Address, if known:

Stony Brook Telephone number, if known:

Summer Address:

E-mail Address:

Your Birth Date: Your Age:

Male Female Married Single

Graduate Student Undergraduate Student

Exchange Student Length of stay

In which academic department will you be studying?

If you are married and are bringing your family with you to Stony Brook, please provide the name of your spouse and the name(s) and age(s) of your child(ren)

Do you smoke? ☐ Yes ☐ No

What languages do you speak?

Have you ever been in the U. S. before? ☐ Yes ☐ No
If yes, when?

Have you previously studied in the U. S.? ☐ Yes ☐ No
If yes, where?

Do you have family or friends in the New York Area?
○ Yes ○ No.

If so, please list their names and addresses

Are there any foods you do not eat? If so, please list them:

Do you have any allergies or special health related needs?

Please list your hobbies, interests and any instruments you play:

Reset Form