

**Pescara Residential Program
Housing and Academic Questionnaire (PLEASE PRINT)**

Please return this completed questionnaire *no later than July 1 (for fall semester) or November 15 (for spring semester)*. This information will be kept confidential. If you feel that these questions are of a highly personal nature, please keep in mind that we are trying to understand enough about you in order to insure the best possible home-stay.

Last Name	First Name	Middle Init.
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HOUSING DATA

Sex: M ___ F ___ Religious tradition: _____ (optional)

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Do you have any siblings? Y ___ N ___ What are their ages?: Brothers _____ Sisters _____

Are you talkative? ___ Shy? ___ Unusually sensitive? ___ Do you have a sense of humor? _____

Are there any foods you particularly dislike? _____ Vegetarian? _____

Are you willing to try anything new? (explain): _____

Do you help spontaneously in your own home, or do you wait to be asked? (explain) _____

Would you prefer a large family, a small one, no children, girls only, boys only, your own age only?
(please give details) _____

List any special interests, activities, hobbies _____

Have you ever been abroad? If yes, when and when and where? _____

Do you have any allergies? (please give details) _____

Have you ever had any surgical interventions? (please give details) _____

Are you under medical treatment for any chronic illness or condition? (please give details)

Do you have any limitations or physical impairment the Program Director should know about?

What type of health and accident insurance do you have? (please give specifics) _____

Do you smoke? _____

ACADEMIC DATA

1. What *academic aims* do you hope to achieve by studying abroad? Indicate your academic preparation and reading in subjects related to your intended course of study.

What subjects, other than Italian, would you like to have the opportunity to study at the Università degli Studi "G. d'Annunzio"?

2. **In your opinion, what is your present Italian language ability?**

	Exc.	Good	Fair	Not sufficient at this time
a) Reading	_____	_____	_____	_____
b) Comprehension	_____	_____	_____	_____
c) Composition	_____	_____	_____	_____
d) Grammar	_____	_____	_____	_____
e) Conversation	_____	_____	_____	_____

Additional remarks: _____

3. What is your present Grade Point Average (GPA)? Overall _____ Italian _____

Signature _____

Please return completed questionnaire no later than July 1 (for fall semester) or November 15 (for spring semester), and include TWO recent passport size, signed photos.