INTERNATIONAL FRIENDSHIP PROGRAM

STUDENT APPLICATION

International Friendship Program
California State University, Fresno
International Student Services & Programs
Joyal Administration Room 256
5150 N. Maple Ave., M/S JA 56
Fresno, CA 93740-8026
559.278.2782 – Office Phone
match@ifpfresno.org

Date: _____

Last Name (Family): _____ First Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Email Address: _____
(Ex. aaaa@hotmail.com) - Please print neatly

Note: Is this a temporary address? Yes No
If yes, please notify the International Student Services & Programs Office of your new address as soon as possible!

Gender: Male ❑ Female ❑ Marital Status: Single ❑ Married ❑

Date of Birth: _____/_____/_____ Do you have children? _____ Here? _____
mo day year

Are you accompanied by a spouse? ❑ Yes ❑ No If Yes, spouse's name: _____

Country of Birth/Citizenship: _____

Religion: _____

Are you a student athlete? ❑ Yes ❑ No If so, what team are you on:_____

Are you under an athletic scholarship? ❑ Yes ❑ No

Date of arrival in U.S.A.: _____ Date of arrival at Fresno State: _____

How long do you expect to be in Fresno? _____

What is your major: _____ Undergraduate or Graduate? _____

I plan to check my email: ❑ daily ❑ weekly other: _____

Please list any foods you cannot eat? _____

Do you have a car? ❑ Y ❑ N Do you plan to buy one? ❑ Y ❑ N

What sport activities/recreation/hobbies do you like? _____

I understand that is information is requested to help the families get to know me better and helps in the matching process. I give my permission to have any of this information released to my friendship family/single and volunteers in the International Friendship Program.
Signature: _____ Date: _____

OFFICE USE ONLY:
Assigned:_____ Info. Sent: _____
Date Assigned: _____