



PHOTO

ACCOMMODATION FORM STUDY ABROAD PROGRAM

Last Name, First Name, Nationality, Passport number or Social Security number, Date of Birth, Sex, E-mail, University

Please check one:

- I request accommodation with a family (included in program fees)
I request accommodation in a student residency (included in program fees)
I will secure independent housing (not included)

If you have chosen accommodation with a family or in a residency:

Do you smoke? Would you mind living with smokers? Would you mind if the family has children? Are you a vegetarian, vegan, pescatarian, etc? Would you mind if the family has pets? Do you suffer from any type of allergy? Are you taking any special medication? Do you suffer from any physical disability or illness you want to mention? Would you mind living with a family composed of a same-sex marriage? Other dietary restrictions: allergies, religious, etc.

Useful information for accommodation. Personal habits, hobbies, interests

Empty text box for useful information for accommodation.

Please fill out the form fields including date and signature.

\*The student is free to request a change in host family if necessary

For administration use only:

SIGNATURE\*

Date:

\* By signing this document you accept to having read and agreed with the processing of your data according to the information provided below.

BASIC DATA PROTECTION INFORMATION

Table with 2 columns: Field (RESPONSIBLE, PURPOSE, LEGITIMIZATION, RECIPIENT, RIGHTS, ADDITIONAL INFORMATION) and Description.