



Housing and Academic Questionnaire
Rennes Residential Program (PLEASE PRINT)

Please return this completed questionnaire no later than July 1 (for fall semester) or November 15 (for spring semester) to Dr. Le Breton Mireille in GAC 391. 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.

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 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 Coordinator 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What subjects, other than French, would you like to have the opportunity to study at the Université de Haute-Bretagne?

\_\_\_\_\_  
\_\_\_\_\_

3. In your opinion, what is your present French language ability?

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

Additional remarks: \_\_\_\_\_  
\_\_\_\_\_

4. What is your present Grade Point Average (GPA)? Overall \_\_\_\_\_ French \_\_\_\_\_

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.

Rev: 10/08/23