

**University of Houston**  
**DEPARTMENT OF MODERN & CLASSICAL LANGUAGES**

Faculty led Summer Program in  
**Angers, France**  
**Summer 2015**

**Family Placement Form**

PLEASE DOWNLOAD, COMPLETE AND SEND TO : [giacchetti@uh.edu](mailto:giacchetti@uh.edu)

NAME: \_\_\_\_\_  
                    (first)                    (middle)                    (last)

UH ID number \_\_\_\_\_ DOB: \_\_\_\_\_

phone: \_\_\_\_\_ other number: \_\_\_\_\_

E.MAIL : \_\_\_\_\_  
(Please print: this is the only way we will contact you)

**EMERGENCY CONTACT:**  
Name \_\_\_\_\_ Phone number \_\_\_\_\_  
relationship to student \_\_\_\_\_

***Standard accommodation:***  
***Private room, private or semi-private bathroom.***  
***All students are expected to share all planned meals with families.***

THIS QUESTIONNAIRE WILL ONLY BE USED TO MATCH EACH STUDENT WITH THE MOST SUITABLE FAMILY, AND IS STRICTLY CONFIDENTIAL. You may disregard any question you do not wish to answer. However, please understand that a UH medical disclosure form will be required of all participants. Unanswered questions or vague responses may hinder our ability to best serve your needs.

1. Describe your ability to speak French.  
- Using a scale of 0 to 10, 10 being "near fluency" and 0 being "true beginner" how would you rate your level?

2. Have you participated in a study abroad program before? If so where?

3. Do you have any dietary preferences (such as kosher, vegetarian, etc.)? Please note that while we will do our best to accommodate all requests, extremely restrictive diets such as “vegan”, will limit our choice of families.

4. Are you allergic to any foods? Please provide a specific list. “Allergies” is a medical term. Food “likes” and “dislikes” should not be mentioned here.

5. Do you have any known allergies to certain drugs? Please elaborate.

Note: all prescriptions for medication must be filled in the US before departure. US medical prescriptions cannot be filled in France.

6. Do you have any health restrictions, problems, issues (such as addiction to certain substances) that may affect you while in France?

7. Do you suffer from anxiety, insomnia or other disorders that may affect your wellbeing while in France?

8. Do you smoke?    YES    NO    OCCASSIONALLY

Note: when allowed by families, smoking is usually restricted to outdoors areas.

9. Would you object to staying with a family whose members might smoke?    YES    NO

10. Do you mind pets in the house?    YES    NO

11. Do you have any disability, which will require special accommodations while in France?

12. Most families in Angers will host other international students on year-long programs. Do you object to staying with other international students in the home?

a. YES, I want to be the only student in the home.

b. NO, I like the interaction with other international students.

*If your answer was a, please understand that this family will expect your **full** participation in **all** family activities.*

13. Do you mind sharing a family with another student from our group?

YES    NO

14. You may request to stay in the same house as another student from our group. Please give name of student: \_\_\_\_\_

*Note: this request will be subject to availability. If the student you listed does not list your name on his/her application form, we will not fulfill this request.*

15. Please give other pertinent information which you think might be helpful to us when selecting your French family, or that we should know in order to insure the success of your stay in France.

Note : Certain rules of conduct apply to participants in accordance with the UH policies (see Student handbook), as well as the policies of this program (see "Program policies"). For details, contact Dr. Giacchetti, [giacchetti@uh.edu](mailto:giacchetti@uh.edu)