

Homestay Preference Form 2014

Please note this form needs to be returned by no later than **four weeks** before your course start date. You will not receive your accommodation details until we have received a copy of your visa and arrival details.

 Male

 Female

Family Name: _____

Given Name: _____

Age: _____

Nationality: _____

INTO Reference Number: _____

E-Mail: _____

Telephone Number: _____

Arrival Date: _____

Departure Date: _____

Do you have any special dietary requirements?

Do you have any medical conditions or allergies (e.g food, animals) that you would like us to take into consideration?

Do you consider yourself to have a disability? If so, please give details:

Please state any prefers about your accommodation below. We will try our best to meet your request where possible.

Are you a smoker?

 Yes

 No

If you are a non-smoker, would you live in a house where other people smoke?

 Yes

 No

 No Preference

Would you live in a house with young children?

 Yes

 No

 No Preference

Do you have any other important requests?

What are your interests?

Additional Comments

For Office Use Only

 Student Received Visa

 Student Sent Arrivals Details

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