



INTERNATIONAL FRIENDSHIP PROGRAM STUDENT/SCHOLAR APPLICATION

DATE: _____

LAST NAME: _____

FIRST NAME: _____

COUNTRY: _____

YOUR AGE: _____

ADDRESS: _____

(MM / DD / YYYY)

GENDER: MALE FEMALE

City: _____ Province: _____

PHONE: _____

State: _____ Zip: _____

E-mail: _____

WHEN ARE YOU AVAILABLE TO START YOUR
FRIENDSHIP: _____

AREA OF STUDY AT UNM: _____

DEGREE PROGRAM: BACHELOR'S MASTER'S DOCTORATE OTHER

EXPECTED COMPLETION DATE: _____

HOBBIES/INTERESTS: DANCE SPORTS THEATER PHOTOGRAPHY
 CAMPING SIGHTSEEING POLITICS MUSIC
 OTHER: _____

NATIVE LANGUAGE: _____ OTHER LANGUAGES: _____

DIETARY RESTRICTIONS: NO YES: _____

DO YOU KNOW PEOPLE IN ALBUQUERQUE: NO YES

PARTICIPANTS IN FRIENDSHIP PROGRAM: YOU YOU & SPOUSE YOU & FAMILY

IF SPOUSE/CHILDREN WILL PARTICIPATE, PLEASE LIST NAMES/AGES:

PLEASE RETURN THIS FORM TO:

INTERNATIONAL PROGRAMS & STUDIES
MESA VISTA HALL 2111
MSC06 3850
1 UNIVERSITY OF NEW MEXICO
ALBUQUERQUE, NM 87131-0001