

GREECE
HOUSING FORM

Name _____ Gender _____
(Last) (First) (Middle)

Name you are known by: _____ Date of Birth: (mm/dd/yy) _____

Home College/University _____ Class Standing while in Athens: _____

Major: _____ Minor: _____

If you know someone on this program and must room with him/her, please give the name: _____

What kinds of activities do you most enjoy? _____

Do you smoke? Frequently occasionally never

Do you drink? Frequently occasionally never

On average, what time do you go to bed? _____ On average, what time do you get up? _____

Where do you like to study the most: library room/apartment

Do you listen to music while studying? Frequently occasionally never

How often do you listen to music? All the time often occasionally never

What kinds of music do you prefer? (in order of preference) _____

Circle the characteristics that you most want in a roommate:

smoker	non-smoker	likes to be alone	likes lots of company
neat	not too neat	respects privacy	confides in me
like quiet		likes constant activity	

Other? _____

Describe any dietary restrictions, preferences or allergies _____

Describe your knowledge of Modern Greek (please circle): none poor fair good excellent fluent

What language(s) have you studied or learned at home? _____

Have you had any experience with speaking a foreign language in a daily living situation? ____ If so, what and when?

If you already have a passport, please give the number here _____

If you could include a snapshot of yourself, it would be very helpful

Date:

Thank You