



Intensive English Language Program

Intensive English Language Program
1700 N. Broad Street, Suite 211
Philadelphia, PA 19121 USA
Phone: 215-204-7899
Fax: 215-204-3892
Email: ielp@temple.edu
www.temple.edu/ielp

Semester: Spring Summer Fall

Your approximate arrival date: _____

1. Student Name:

LAST

FIRST

Female Male

2. Mailing Address/E-mail:

APT NUMBER/STREET NO/POST OFFICE BOX NUMBER /STREET NAME

CITY

STATE/ PREFECTURE/PROVINCE

ZIP CODE

COUNTRY

E-mail: _____

3. Birthday: ____/____/____
MONTH DAY YEAR

4. Age: _____

5. Nationality: _____

6. Do you have any medical or physical requirements? Yes No

Are you taking any medicine?

Yes No

If yes, please explain.

7. Do you have allergies?

Food Yes No _____

Animals Yes No _____

Medical Yes No _____

8. Do you smoke? Yes No

Most host family homes are non-smoking. If you do smoke, you will be required to smoke outside their homes.

9. Would you accept a host with children under age 6? Yes No If no, please explain.

10. Would you be comfortable in a home that has indoor pets? Yes No

11. If no, please indicate which one(s).

11. Are there any types of food that you cannot or will not eat?

12. How long do you plan to study in USA? _____

13. Do you have any friends or relatives living in the U.S. or Canada? Yes No

Name/Relation: _____(_____)

Phone: _____

Address:

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LETTER OF SELF INTRODUCTION

In the space below, please write a brief letter of introduction to your host family. Please write about any special interest, such as sports, talents, or hobbies you may have.

Introduction: _____

What are some things about your culture that you would like to share with your host family? _____

What kinds of activities would you like to do with your host family?

What are your future goals / plans / career interest?

By signing below, I acknowledge that I have read and understand this waiver and that by signing it, I surrender valuable rights, which is done freely and voluntarily.

Moreover, by signing below, I/we acknowledge that I/we have read and understand this waiver and that by signing it, I/we surrender valuable rights, which is done freely and voluntarily.

1. **RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE**, Temple University-of the Commonwealth System of Higher Education and all its successors, assigns, affiliates, officers, directors, employees and agents ("Temple") from all manner of actions and causes of action, suits, debts, accounts, judgments, claims and demands whatsoever in law or equity, and attorney's fees, including all claims arising out of any incidents involving personal injury in any way by reason of participation in the program;
2. **ASSUME RESPONSIBILITY FOR HIS/HER OWN SAFETY AND ANY AND ALL RISKS** involving or arising from his/her participation in the Program, including the negligent or deliberate act of another person;
3. **INDEMNIFY, DEFEND AND HOLD TEMPLE** and its officers and employees and agents harmless from any and all claims, causes of action, damages, judgments, costs and expenses, including attorney's fees, whatsoever, arising from his/her participation in the program.

Name

Signature

Date

Name

Signature

Date

Please e-mail this application to Dennis Serge at dserge@temple.edu or fax to (215) 204-3892.

PLEASE NOTE: In most cases, we can provide Homestay accommodations for single (one person) applicants only.