

HSC COUSINS

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER Participant Information

PLEASE PRINT LEGIBLY.

Male Female

Name: _____

Last

First

Address: _____

Street/ Apartment #

City

State

Zip Code

Telephone: _____ Email: _____

I will be at HSC until: _____

U.S. Student International Exchange Student Country of Origin: _____

International Degree-Seeking student Country of Origin: _____

I am enrolled in the College of:

College of Allied Health College of Dentistry Graduate College

College of Medicine College of Nursing College of Pharmacy

College of Public Health Area of academic study (your major): _____

Have you/do you plan to study abroad? Where? _____

If so- what countries are you most interested in? _____

How much time per month are you able to "give" to your Cousin? (Approx. Hours): _____

What languages do you speak? _____

Please share your interests and hobbies: _____

What city/state are you originally from? _____

Have you participated in the Cousins program before? Yes No

Rank your reasons for joining this program? (1 first, 4 last)

Friendship Get to know country Learn language Other: _____