

# HSC COUSINS

## THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER Host Family Participant Information

PLEASE PRINT LEGIBLY.

Male  Female

Name: \_\_\_\_\_

Last (Family)

First

Address: \_\_\_\_\_

Street/ Apartment #

City

State

Zip Code

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

I will be at HSC until: \_\_\_\_\_

Faculty  Staff  Other \_\_\_\_\_

Name of Affiliated Department/College: \_\_\_\_\_

Administration  Allied Health  Dentistry  Graduate College

Medicine  Nursing  Pharmacy  Public Health

Have you/do you plan to studied/work 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: \_\_\_\_\_