

# SAINT LOUIS UNIVERSITY

## SLU IN BRUSSELS

Passport-sized  
photo

Please indicate your intended date of entry. Academic Year \_\_\_\_\_ Semester  Fall (August)  Spring (January)

How many semesters do you plan on attending? \_\_\_\_\_

### PERSONAL DETAILS

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth: dd \_\_\_\_ mm \_\_\_\_ yy \_\_\_\_ Place of birth (city, country) \_\_\_\_\_

Citizenship \_\_\_\_\_ Sex  Male  Female

### ADDRESS(ES)

PERMANENT ADDRESS \_\_\_\_\_

\_\_\_\_\_ Telephone (include country/city code) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Above Information Valid Until \_\_\_\_\_

CURRENT/MAILING ADDRESS *(if different from above)*

\_\_\_\_\_ Telephone (include country/city code) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Above Information Valid until: \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home telephone number \_\_\_\_\_ Work Telephone number \_\_\_\_\_

## TRANSCRIPT INFORMATION

Upon completion of the SLU in Brussels Program, please send one copy of my transcript to:

Saint Louis University

International Center, DB 150

221 North Grand Blvd.

St. Louis, MO 63103 USA

## LANGUAGES

What language(s) do you speak at home? \_\_\_\_\_

Indicate any languages spoken other than your mother/father tongue, the number of years studied in each case and the degree of fluency you have attained.

Language	Years of Study	Fluency			
		Excellent	Good	Fair	Minimal

What foreign language, if any do you plan to study at the SLU in Brussels program?: (circle one) Dutch French German

(Please plan to take placement test during the Study Abroad Orientation)

## ADDITIONAL INFORMATION

*This information will be kept confidential. If you answer yes to any the health-related questions, please attach a separate page describing the condition as well as medications and treatment you receive.*

1. Are you currently undergoing medical treatment for any reason?  yes  no
2. Are you currently being treated by a psychologist or a physician for an emotional, nervous or mental disorder?  yes  no
3. Are you currently taking prescription medication for an ongoing medical condition?  yes  no
4. Do you have allergies, dietary restrictions or physical disabilities?  yes  no
5. Do you have any physical conditions that require special housing arrangements?  yes  no
6. Have you ever been subject to disciplinary action that resulted in expulsion, suspension, probation or academic warning?  yes  no

I hereby certify that all information in this application is complete and accurate to the best of my knowledge

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



SAINT LOUIS UNIVERSITY  
SLU in Belgium

## HOST FAMILY PROGRAM REQUEST FORM

Fill in this form as carefully as you can to help us find the best "family" for you. Bear in mind that some of preferences may not be satisfied, you might, therefore, want to indicate your priorities. It may not be possible to satisfy all your preferences, so indicate any priorities.

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Home University: \_\_\_\_\_  
Major: \_\_\_\_\_

### Personal information

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Male  Female

Which foreign language do you speak/ or plan to study while at Vesalius College?

Dutch  French  German  other: \_\_\_\_\_

Do you smoke?  yes  no

Do you have allergies?  yes  no

If so please give details: \_\_\_\_\_

Are you vegetarian?  yes  no

If so, do you eat: a) dairy products (i.e. milk, cheese, eggs)  yes  no

b) fish  yes  no

Do you take any special medication or have any special treatment?

yes  no

If so, please give details: \_\_\_\_\_

What social, cultural, religious or other activities do you enjoy in your free time ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

