

EXCHANGE STUDENT HOSTING REQUEST FORM

PHOTO

A - Personal Information

Name / Surname		100 AAA
Gender	Female	Male Male
Faculty / Department		//
Student ID No		
Phone Number	+90	
Alternative / Cellular Phone	+90	
E-Mail		
1 - Do you smoke?	- 44	
Yes	No	
2 - Which gender should be your flat-mate	ŝ	
Female	Male	It doesn't matter
3 - Do you prefer to cook your meals, or t	o buy fast food?	
Cook	Buy Both	
4 - Did you have any allergic or infectious	illness, if yes what is it?	
No	Yes	
5 - Did you share a flat before with an Exc	change student?	
□ No	Yes her/his name is:	
6-Do you want to be the guide (mentor/k	anka) of our guest?	
Yes	□ No	
7 - Our guest will be here in fall semester.	Do you accept to be in Eskisehir and meet him	/her, during the registration week
Yes	No	
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