



Full Name: _____ Home University: _____

1) Gender: M F

2) Term: Fall Academic Year Spring

3) Please select one of the following housing arrangement options:

I will arrange my own housing.

You do not need to complete the rest of this form. Please return this housing preference form to IFSA-Butler along with a letter from your study abroad advisor on university letterhead stating that your university approves of independent housing.

I would like IFSA-Butler to arrange housing for me.

For more about our available housing options, refer to the housing information included on IFSA-Butler's website.

4) Please rank the following housing options:

Catered Residences

- | | | |
|----------------------|-------------------|------------------------|
| ___ Badock Hall | ___ Churhill Hall | ___ Clifton Hill House |
| ___ Hiatt Baker Hall | ___ Wills Hall | |

Self-Catered Residences

- | | | |
|--------------------|---------------------|----------------|
| ___ Durdham Hall | ___ Goldney Hall | ___ Manor Hall |
| ___ Student Houses | ___ University Hall | |

If available, I would prefer:

Single-gender residence Single room Single room with washbasin

Please explain any specific religious or other daily living needs that necessitate particular features and/or considerations in your accommodation or for the IFSA-Butler orientation.

Please list any roommate requests. All requests must be mutual and in writing, but cannot be guaranteed.

5) Housing essay:

In approximately 200 words, please describe your personality, interests and activities. This information will help your residence to make room allocations and to help you integrate in the residence to which you are allocated. **Please e-mail essay to mowens@ifsa-butler.org.**

I have read and understand the information on IFSA-Butler's website regarding housing options at the University of Bristol, and I acknowledge that housing preferences are not guaranteed by IFSA-Butler or The University of Bristol. If placed in a catered residence, I am aware of and prepared to pay the additional supplemental costs for the mandated meal plan. I understand that if I do not disclose any special needs to IFSA-Butler, arrangements cannot be made for me.

Signature: _____ Date: _____