



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 on IFSA-Butler's website.

4) Please list your top three preferred residences at the University of Leeds:

1. _____
2. _____
3. _____

If available, I would prefer:

Single-gender residence Single room Non-smoking Smoking

5) What type of housing would you most prefer? Please rank the following options in order of your preference, from 1 (most desired) to 4 (least desired):

- ___ Catered residence (a hall of residence with a mandatory meal plan)
- ___ Shared house
- ___ Self-catering residence (students share a kitchen to cook their own meals)
- ___ Studio flat (James Baillie Park only)

6) How important are the following things to you? Please rank these options in order of your preference, from 1 (most important) to 5 (least important):

- ___ Location of housing (proximity to campus)
- ___ Availability of meals (do you want to have a meal plan?)
- ___ En-suite facilities (i.e. own bathroom/sink)

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.

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

Signature: _____ Date: _____

