

Married Single

Last position held.....

Will you be employed while studying? *NO*

If so, what occupation?.....

Hours per day.....

Have you been associated with the N.Y. House before?.....

When?.....

Have you been associated with the International House in Berkeley or in Chicago?.....When?.....

Name and address of parent or guardian (Please print.)
MRS. H. OSTRO, 594 Belmont Ave.,

Name and address of person to be notified in emergency: (Please print)
*MRS. H. OSTRO, 594 BELMONT AVE
MONTREAL, QUE*

Time of arrival in United States *July 1*

Type of Visa *Visitor Permit*

Do you expect to return home? *Aug 18* When?.....

If American, please list foreign languages you speak:
French

In order to complete your application, please have two letters of recommendation (one preferably from a professor) sent directly to:

THE COMMITTEE ON ADMISSIONS
INTERNATIONAL HOUSE
500 RIVERSIDE DRIVE, NEW YORK 27, N. Y.

Please attach
photograph
here

This application blank will be considered incomplete unless a photograph is attached.

THIS SPACE FOR OFFICE USE ONLY

Please state below your reason for wishing to become associated with International House, and if a former member, what your major contributions to the House have been.

I should like to participate in the life of an inter-cultural community.

Please give name and address of person (or organization) through whom you heard of International House.

Prof. Louis Ouellet, McGill University Montreal

Please list your extra-curricular activities, such as clubs, associations and other outside interests. War service, if any.

*McBil Debating Union, Presid.
Contributor to "Forge" McGill Literary Magazine -
Contributor to "Av'n" a Montreal Poetry Magazine.
Guitar player of "The Buckskins" a band and group*

If there is any change in the preceding information during the course of this session, I agree to notify the Admissions Office at once.

I understand that I am responsible for my room for the entire session. Should I withdraw, I agree to pay the short term rate of the room for the period of my residence and shall forfeit the \$10.00 deposit.

I understand that, should it be considered necessary, the House may require a health certificate from a physician approved by its Health Adviser.

I understand that International House reserves the right to withdraw my membership and all privileges of the House at any time.

Signature.....

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