

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? *yes*

When? *Summer of 1954*

Have you been associated with the International House in Berkeley or in Chicago? *no* When?.....

Name and address of parent or guardian (Please print.)

*Mrs. M. B. Cohen  
599 Belmont Ave, Westport, N.Y.*

Name and address of person to be notified in emergency: (Please print)

*as above*

Time of arrival in United States. *Sept 16 1956*

Type of Visa. *Student*

Do you expect to return home? *yes* When? *end of academic year*

If American, please list foreign languages you speak:

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 participated in the general intellectual life of the student community; performed with my guitar on several occasions*

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

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

*at McGill - Library Society  
Rebatyghemin - Secretary, V. Pres, Pres.*

*McGill University published a volume of my verse this spring: "Let Us Compare Mythologies."*

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 *Leonard Cohen*  
*2/6/57 home*