

**EDUCATION ABROAD PROGRAM
UNIVERSITY OF CALIFORNIA SAN DIEGO
EAP RECIPROcity INFORMATION**

LAST NAME _____ FIRST NAME _____
HOME UNIVERSITY _____

YOUR ADDRESS (ES) UNTIL DEPARTURE _____
EFFECTIVE DATES _____ to _____

EFFECTIVE DATES _____ to _____ e-mail _____
e-mail _____

UCSD HOUSING INFORMATION

State your Housing Preferences (I-house, Off Campus). For I-house, please give the date your application was sent to UCSD.

1ST CHOICE _____ DATE APP. SENT _____
2ND CHOICE _____ DATE APP. SENT _____

ARRIVAL INFORMATION

Please return this form now, even if flights are not yet known.

DATE OF ARRIVAL IN U.S. _____
AIRLINE & FLIGHT NUMBER _____
CITY & TIME OF ARRIVAL _____
DATE OF ARRIVAL IN SAN DIEGO _____
WILL YOU HAVE AN ADDRESS IN THE U.S. BEFORE COMING TO UCSD? ___

EFFECTIVE DATES _____ to _____ TELEPHONE _____

HOST FAMILY PROGRAM

ARE YOU APPLYING FOR THIS EXCELLENT PROGRAM? _____
DATE APPLICATION WAS SENT TO UCSD? _____

PLEASE MAIL THIS FORM AS SOON AS POSSIBLE TO:

EDUCATION ABROAD PROGRAM, 0018
UNIVERSITY OF CALIFORNIA SAN DIEGO
9500 GILMAN DRIVE
LA JOLLA, CA 92093-0018, U.S.A.
e-mail: eap@ucsd.edu
fax: 858-822-5726
phone: 858-534-1123
<http://programsabroad.ucsd.edu>