

Global BUDS International Friendship Program Application Form

Please Print Clearly

First Name: _____ Last Name: _____

Address: _____

Phone: () _____ Email Address (UW preferably): _____

Gender: Female Male Birth Date: _____ Major/Field of Study: _____

Year in School: _____ Nationality: _____

Please check one of the following:

- I would like to be part of a Global BUDS small group
- I would like to have a Global BUDS Partner, and I do not have a gender preference
- I would like to have a Global BUDS Partner who is the same gender as I am.

Describe what you expect to get from this experience:

Your Favorite hobbies are:

Please describe yourself:

- | | | | | |
|-------------------------------------|-----------------------------------|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy | <input type="checkbox"/> Serious | <input type="checkbox"/> Laid-Back | <input type="checkbox"/> Positive |
| <input type="checkbox"/> Direct | <input type="checkbox"/> Flexible | <input type="checkbox"/> Critical | <input type="checkbox"/> Understanding | Other: _____ |
| <input type="checkbox"/> Structured | <input type="checkbox"/> Playful | <input type="checkbox"/> Loud | <input type="checkbox"/> Quiet | |

Signature

Date

Please submit your application to:

Office of International Programs
UW- Superior, Old Main 337
Belknap & Catlin
P.O. Box 2000
Superior, WI 54880-8138

Questions? Call (715) 394-8138, or e-mail khabig@uwsuper.edu