



Academic Year Program



SINGLE PLACEMENT SECONDARY REVIEW

NAME OF HOST: _____

CONTACT INFO:

ADDRESS	
CITY STATE, ZIP	
TELEPHONE	
EMAIL	

PLEASE LIST, WHO BESIDES YOURSELF THAT WILL BE ABLE TO PROVIDE ADDITIONAL SUPPORT TO YOUR EXCHANGE STUDENT WHILE THEY ARE IN THE COUNTRY. SUCH AS: NEIGHBOR, RELATIVE, OTHER LOCAL REPRESENTATIVE, CLOSE FRIENDS, SCHOOL TEACHERS, CLERGY, ETC.

PLEASE LIST EXAMPLES OF YOUR COMMUNITY INVOLVEMENT. THIS COULD INCLUDE: VOLUNTEERING, ROTARY, 4H, OTHER CLUBS YOU ARE A MEMBER OF, CHURCH, ETC.

SIGNATURE OF NACEL AYP LOCAL REPRESENTATIVE WHO APPROVES THIS PLACEMENT:

PRINTED NAME: _____

DATE: _____