



TODAY'S DATE: _____

Please Print Clearly

FAMILY/LAST NAME		FIRST NAME	IUSB ID#
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		ACADEMIC LEVEL <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE	
PREFERRED E-MAIL		U.S. TELEPHONE NUMBER	
MAJOR		2 ND MAJOR OR MINOR (if any)	
ESTIMATED DATE OF GRADUATION		COUNTRY OF CITIZENSHIP	
COUNTRY OF RESIDENCE		LANGUAGES SPOKEN	
OISS is interested in creating programs to promote religious tolerance and understanding. Are you willing to speak on topics related to your religious faith? <input type="checkbox"/> NO <input type="checkbox"/> YES, PLEASE STATE YOUR RELIGION:			
PLEASE CHECK THE TOPICS YOU WOULD BE INTERESTED IN DISCUSSING AS A CLASS VISITOR <input type="checkbox"/> CULTURE & SOCIETY <input type="checkbox"/> PERCEPTIONS OF THE U.S. CULTURE/SOCIETY <input type="checkbox"/> POLITICS & ECONOMY <input type="checkbox"/> EXPERIENCES AS AN INTERNATIONAL STUDENT AT IU SOUTH BEND <input type="checkbox"/> CURRENT EVENTS <input type="checkbox"/> HISTORICAL EVENTS <input type="checkbox"/> RELATIONS WITH OTHER COUNTRIES			
ARE THERE ANYOTHER TOPICS YOU WOULD LIKE TO SPEAK ON IF YOU HAD THE OPPORTUNITY?			
ARE THERE ANY SPECIFIC TOPICS NOT MENTIONED THAT YOU DO NOT WANT TO SPEAK ABOUT?			

Please return your form via e-mail to the Office of International Student Services at oiss@iusb.edu