



International Graduate Law Programs

Name: _____
Last Name First Name

Date: _____
month / day / year

Email: _____

Do you need any special needs that we should know about?

Do you have any dietary restrictions or food allergies?
(For example: do not eat pork, or am allergic to peanuts.)

Will you be traveling to Miami alone? Yes No Do you have family/friends in Miami? Yes No

Have you made your travel arrangements? If not, what is your estimated date of arrival?

Date of Arrival: ___ / ___ / ___ Airline _____ Flight # _____ Airport: _____

Are you planning on purchasing a car in Miami? Yes No

Do you need assistance getting a United States driver's license? Yes No

Will you need housing assistance? Yes No

If yes, please fill out the following questions:

Would you like to live with another student? Yes No

If so, please indicate your preferences:

Male

Smoking

Pets

Female

Non-smoking

No Pets

No Preference

No Preference

No Preference

What size apartment would you like?

Number of bedrooms:

Number of bathrooms:

What is your monthly budget for rent (excluding utilities)?

700-800

900-1000

800-900

1000+

Would you consider living with a family and renting a bedroom with private bath in their home?

Yes No

Please return as soon as possible

intllm@law.miami.edu

Fax: 305.284.5497

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Coral Gables, FL 33146

Please contact the Office of International Graduate Law Programs with any changes