

# Application for Residence

## Max Kade German House

\_\_\_\_\_ School Year

### Section I: Personal Information

Name: \_\_\_\_\_

Gender: M F

Address (local): \_\_\_\_\_

Telephone (local): \_\_\_\_\_

E-Mail: \_\_\_\_\_

Permanent Address and Telephone:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section II: Academic Information**

School Year: \_\_\_\_\_

Major (intended / declared): \_\_\_\_\_

Please list all college-level German courses you have taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all other experiences with German (spoken at home, foreign exchange, German Academy, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Provide a UVa faculty member or TA as a reference:

Name: \_\_\_\_\_

**Section III: Interesting Information**

Hobbies: \_\_\_\_\_

Do you like German music and/or films? Which ones?

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What activities would you like to see the German House sponsor?

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What makes you special?

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## **Section V: Interview**

Applicants will be expected to attend a brief interview with the German House Advisor, the German House Director and Faculty Sponsor.

There will also be an opportunity to meet current residents at an informal Haus dinner/ Open House.

## **Section VI: Acknowledgement of German House Obligations**

The intent of the Max Kade German House at the University of Virginia is to increase awareness of and appreciation for German language and culture while providing an opportunity for residents to improve their knowledge of German through participation as an active member of the House. As such, residents are expected to respect their obligations to the House.

These include:

- 1) Participation in House dinner(s) and other activities.
- 2) Shopping, cleaning or cooking at least once a week.
- 3) Speaking German in all common areas of the House.
- 4) Mandantory German House Conversation Class with the resident TA.
- 5) Active and willing contributions to the House discussions and events.

**Your signature below indicates your understanding and acceptance of these responsibilities.**

Signature: \_\_\_\_\_

\_\_\_\_\_Date:\_\_\_\_\_