



NWACC BUDDY PROGRAM

First Name: _____ Last Name: _____

Student ID number: _____ Major: _____

NWACC email address: _____ (Optional) phone number: _____

Country from: _____ Gender of buddy preferred: _____ Male _____ Female

What do you like to do during your free time? _____

What is your favorite food? _____

How many languages do you speak? _____ What is your favorite movie? _____

What is your favorite holiday? _____ Things you hate? _____

What is your favorite color? _____ What is your goal for this semester? _____

Please submit this form to internationalprograms@nwacc.edu.

Please allow 2-4 days for processing time.