

LA-TERM HOST FAMILY
MEMO OF UNDERSTANDING



Azusa Pacific University (APU) agrees to pay _____ a total of \$ _____ (or \$700 per month/student prorated) for providing off-campus room and board for _____ during the 4-month semester starting January 9, 2010 and concluding May 8, 2010. The monthly checks will be disbursed through Azusa Pacific's Business Office on the 15th of every month throughout the Spring 2010 semester. The University expectation is for the host family to meet the following requirements:

Place your first and last initials to indicate your agreement

- 1.) I understand I will provide a private or shared room with access to a restroom and other basic living necessities. Initials _____
- 2.) I understand I will provide adequate meals during the week or present viable alternatives with the agreement of the student(s). Initials _____
- 3.) I understand I will provide opportunities for student(s) to engage in our regular family life, e.g. meals together, celebrations, activities, etc. Initials _____
- 5.) I understand I will orient the student(s) of public transportation, general safety tips and warnings, and available resources in the community. Initials _____
- 6.) I understand I will discuss basic house rules and expectations with the student(s) upon the first 2 weeks of the program. Initials _____
- 7.) I understand I will communicate on a regular basis to ensure the expectations and needs of both parties are met. Initials _____
- 8.) I understand I will promote the behavioral expectations and standards of Azusa Pacific University and the Los Angeles Term program. Initials _____
- 9.) I understand I will facilitate an environment that is safe, secure, and respectful of the student(s) physical space and emotional health. Initials _____
- 10.) I understand that Azusa Pacific University and the Los Angeles Term program reserves the right to remove a student at any time from their home stay if the above requirements are not met. Removing a student will result in the cancellation of the agreement and discontinuation of the monthly compensation. Initials _____

Comments:

Signature of Host Parent _____ Print Name _____ Date _____

Signature of LA-Term Director or Assistant Director _____ Print Name _____ Date _____