

# Residential Life ROOMMATE QUESTIONNAIRE

Return with Housing Application  
(This form applies to Single Students only)

Please fill out the following information as honestly as possible. Since the Office of Residence Life will use this information to assist in assignment of roommates, **it is important that the form be filled out by the student.**

NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
                    Last                      First                      Middle

**Check the box that corresponds with your answer:**

**What time would you expect to *wake up* during weekdays?**

- 6:00 am      7:00 am      8:00 am      9:00 am      10:00 am or later

**What time would you expect to *go to sleep* during weekdays?**

- 8:00 pm      9:00 pm      10:00 pm      11:00 pm      12:00 am or later

**Even though there is no smoking allowed in the buildings, what is your tolerance for the smell of tobacco?**

- No preference      Allergic      Dislike      Smoker myself

**Which term best describes the general condition of your room?**

- Neat      Lived in      Generally in order      Messy

**What is the sound level that you prefer while you are studying?**

- Silence      Very little noise      Some noise      Loud

**Do you consider yourself:**    Quiet    Shy    Outgoing    Loud

**In reference to having guests in the room, are you someone who anticipates:**

- Occasionally having a guest    Frequently having guests    Prefer having no guests

**How would you describe the general activity level in your room?**

- No Noise      Low      Some activity      High

**Will you be participating in a sport?**    Yes    No   **if yes, do you want to live with a teammate?**    Yes    No

**If you have already met someone that you would like to be your roommate, please list preferred roommate's full name:**

*Roommate requests must be mutual and will be contingent upon space available and the date applications are turned in.*

1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

**Please list some of your hobbies, interests, activities and anything else that you think we should know that would assist us in pairing you with a roommate?:** \_\_\_\_\_

\_\_\_\_\_

**Finally, do you have any special needs concerning your Residence Hall assignment?** \_\_\_\_\_

\_\_\_\_\_

Thank you for completing this questionnaire! ☺