



**Education Division - Office of Faculty and Student Services
Housing & Residence Life
Roommate Matching Questionnaire**

Personal Information:

<u>Last Name:</u>		<u>First Name:</u>	<u>Middle Name:</u>
<u>Contact Phone Number:</u>		<u>Permanent Address:</u>	
<u>Date of Birth (DD/MM/YYYY):</u> / /			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<u>Branch Campus/Center:</u>	Academic Standing: <input type="checkbox"/> Freshman-0-29 credit hours <input type="checkbox"/> Sophomore-30-59 credit hours <input type="checkbox"/> Junior-60-89 credit hours <input type="checkbox"/> Senior- 90 or more credit hours		

Roommate Preference Information: Please mark options that best describe you.

I prefer to study in: A quiet room A room with a bit of noise The library

Do you like listening to music while studying: Yes No

My room is: A sanctuary A place to entertain friends

The word that describes my room: Neat Cluttered

I feel my room should be cleaned by both roommates:

On a regular basis – once a week Once every couple of weeks when you can tell it's dirty

I prefer a roommate who is: More of an extrovert (less shy, more inclined to be in social groups)
 More of an introvert (more shy, less inclined to be in social groups)

I prefer: Quiet music Loud music No preference

Type of music: Alternative Rock Salsa Country Arabic Indian All types

I consider myself a: Morning Person Night Person

I prefer to go to bed at: (State time) School days: PM/AM

Weekends: PM/AM

Please indicate hobbies and interests (if they are important to you in a roommate):

What is most important to you about having a roommate?

ROOMMATE PREFERENCE – If you and a friend have decided you would like to live together, you must BOTH INDICATE THE OTHER'S NAME ON THIS FORM.

PREFERRED ROOMMATE:

Name of friend I would like to live with:

Friend's Branch Campus/Center:

They are a: New Student Continuing Student