

Roommate Matching Card

Name: _____ Email: _____

Cell Phone: (____) _____ - _____ Class Standing: _____ Major: _____

Floor Plan Requested: _____ Bedroom Requested: _____

Building/Floor Requested: _____

Roommate Sex Preference: Male Female Co-ed/No Preference

I Smoke: Never Occasionally Often

I Drink: Never Occasionally Often

My Noise Level is Similar to: The Library The Student Union Game Day

I Keep My Living Space: Spotless Pretty Clean In 2 Piles, Dirty and Dirtier

I Study: Nonstop When I Need To Never, I'm Allergic

When it Comes to Sleep, I: Am an Early Riser Get Up When I Need To Am a Night Owl

I Have Friends Over: Hardly Ever Sometimes All Day, Everyday

Hobbies: _____

Requested Roommates: _____

Prefer to live with: (check all that apply) Freshmen Sophomores Juniors Seniors Graduate Students

Special Considerations: _____

By signing below, you give us permission to release this information to roommates/potential roommates. You also understand that these preferences are taken into consideration, not guaranteed, when assigning your apartment.

Signature

_____/_____/_____
Date

