

Campus Tech Apartments

Roommate Preference Information (Please complete both pages of this document)

Name _____ Field of Study _____

Please select the category for each statement that best represents what you would like to experience in a roommate:

<i>I would like to live with someone who:</i>	<i>Not important to me</i>	<i>Somewhat important to me</i>	<i>Important to me</i>	<i>Very important to me</i>
• <i>Is outgoing and has sense of humor</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <i>Is quiet, reserved & thoughtful</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <i>Is a disciplined student who studies diligently</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <i>Is neat & well organized</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <i>Does not keep late hours</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <i>Is in a similar field of study</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <i>Does not have frequent guests in the apartment</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <i>Does not play loud music</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <i>Has an interest in music.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Select all that apply:

- | | | | | |
|---|--|--|--|---------------------------------------|
| <input type="checkbox"/> <i>Classical</i> | <input type="checkbox"/> <i>top 40</i> | <input type="checkbox"/> <i>Hard rock/ Heavy Metal</i> | <input type="checkbox"/> <i>Easy Listening</i> | <input type="checkbox"/> <i>Rap</i> |
| <input type="checkbox"/> <i>Country</i> | <input type="checkbox"/> <i>Rock</i> | <input type="checkbox"/> <i>Contemporary Christian</i> | <input type="checkbox"/> <i>Alternative</i> | <input type="checkbox"/> <i>Other</i> |

• <i>Does not consume alcoholic beverages.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <i>Does not use tobacco products</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <i>Is interested in sports</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am open to rooming with a non-traditional student (over 25 years old) *Yes* *No*

Are there any medical conditions or other medical information you would like us or a potential roommate to be aware of?

Yes

No

If yes, please explain:

The information provided on this sheet is meant to help our staff better determine roommate assignments. However, please note that the preferences indicated above do not guarantee that you will be placed with roommates who meet your exact preferences.

It is important to remember that part of living in a community involves interacting with people who may not always be a good match to your own personality. We encourage, you to keep an open mind and look forward to what we hope will be a rewarding living experience at Campus Tech Apartments.

Student signature

Date

Student Name (Please Print)

Phone Number