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

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Please List Any Other Details About Yourself or Your Preferred Roommates to Help Us Best Match You

(On-campus organizations, music, gaming, sports, etc) _____