

BRYN ATHYN COLLEGE

Roommate Questionnaire Form

Please complete and return this form by June 10.

Think carefully about your answers to the questions below, and be honest and thorough. The information you provide will be kept confidential and will only be used to assist us in matching you with a roommate.

Please note: All freshmen should expect to have a roommate. Though there are some single rooms available, we cannot ensure you will get one.

General Information

Name: _____
LAST FIRST MIDDLE

Nickname/Preferred Name: _____

Gender: Male Female Birth Date: _____ / _____ / _____
MON. DAY YEAR

First-year student Transfer student International student From what country? _____

Email Address: _____

Sleeping

Please select all that apply:

In general, my sleeping schedule for **weekdays** is:

<input type="checkbox"/> regular	<input type="checkbox"/> irregular
<input type="checkbox"/> early nights	<input type="checkbox"/> late nights
<input type="checkbox"/> early mornings	<input type="checkbox"/> late mornings

In general, my sleeping schedule for **weekends** is:

<input type="checkbox"/> regular	<input type="checkbox"/> irregular
<input type="checkbox"/> early nights	<input type="checkbox"/> late nights
<input type="checkbox"/> early mornings	<input type="checkbox"/> late mornings

Select all that describe you:

<input type="checkbox"/> I am a light sleeper	<input type="checkbox"/> I am a heavy sleeper
<input type="checkbox"/> I need a light on to sleep	<input type="checkbox"/> I need the light off to sleep
<input type="checkbox"/> I sleep with the window open	

Studying

I see myself studying most often in: my room the library public areas

My ideal study environment: is very quiet has soft music has background TV/conversation is surrounded by activity

Living

I am used to sharing a room: Yes No

I am a smoker: Yes No

Though I know smoking is not permitted in any campus buildings, if my roommate was a smoker, the lingering smoke would:

bother me a lot not bother me very much not bother me at all

Please select one:

I envision my room as a:

<input type="checkbox"/> lively, social place for friends to hang out
<input type="checkbox"/> homey place for low-key gatherings
<input type="checkbox"/> quiet place to study
<input type="checkbox"/> private sanctuary

I anticipate having overnight guests:

- frequently
- occasionally
- almost never

On weekends, I intend to be:

- almost always on campus
- almost always off campus
- sometimes off campus

If someone came into my room to find a textbook:

- they could find it without any help
- I could easily tell them where to find it
- I couldn't say where, but I could easily find it
- it would take me 10 minutes to find it

Please select all that apply:

The music I like **best** is: heavy metal rock classic rock electronic jazz classical country hip-hop
 singer/songwriter folk rap R&B

The music I like **least** is: heavy metal rock classic rock electronic jazz classical country hip-hop
 singer/songwriter folk rap R&B

I consider myself: sporty artsy techie bookish shy outdoorsy musical adventurous religious
 online gamer family-oriented theatrical very social

Please list hobbies, interests, or anything else that might assist us in pairing you with a roommate:

Additional Information

If you have already found someone that you would like to be your roommate, please write their full name. Please make sure this person also lists you; we only honor mutual requests.

I am interested in living with a student from another country: Yes No

Please tell us any additional information you feel would aid us in making a satisfactory rooming arrangement for you. The information you provide will be kept confidential.

Thank You for Your Time!

For questions please contact
 Jennifer Lucas, Director of Residence Life
 2965 College Drive, P.O. Box 717
 Bryn Athyn, PA 19009 USA
 Phone: 267.502.2794 · Fax: 267.502.2658
 Jennifer.Lucas@brynathyn.edu