

Roommate Agreement

Please complete this agreement with your roommate(s) and Resident Assistant. Please sign and date it after your conversation.

NOTE: This agreement may be renegotiated throughout the year as needed.

Residence: _____ Room: _____

Study Time

Study time in our room is:

- During study times, the television is: on off
During study times, the stereo is: on off
Phone use during study times is: ok not ok
Are guests allowed during study times?: yes no

Cleanliness

The room should be: Always clean Sometimes clean/dirty

- We will each: Take care of our own side
 Alternate cleaning the whole room
 Clean together at a specified time

The room should be cleaned:

- Cleaning Includes: Dusting Vacuuming Trash removal
 Other: _____

Behavior, Guests and Social Activities

Is drinking allowed in our room if we are over 19?: yes no

Dressing/bathing times in our room are:

- Are guests allowed during dressing/bathing times?:
 yes no not of the opposite gender

Other times when guests are not allowed:

If we want guests to leave, how will we let each other know?:

Each roommate's private time will be:

Personal Property

It is OK for roommates to use:

- | | | | |
|------------|------------------------------------|---------------------------------|--------------------------------|
| Stereo | <input type="checkbox"/> ask first | <input type="checkbox"/> always | <input type="checkbox"/> never |
| TV | <input type="checkbox"/> ask first | <input type="checkbox"/> always | <input type="checkbox"/> never |
| Clothes | <input type="checkbox"/> ask first | <input type="checkbox"/> always | <input type="checkbox"/> never |
| Computer | <input type="checkbox"/> ask first | <input type="checkbox"/> always | <input type="checkbox"/> never |
| Camera | <input type="checkbox"/> ask first | <input type="checkbox"/> always | <input type="checkbox"/> never |
| Fridge | <input type="checkbox"/> ask first | <input type="checkbox"/> always | <input type="checkbox"/> never |
| Food | <input type="checkbox"/> ask first | <input type="checkbox"/> always | <input type="checkbox"/> never |
| Bed | <input type="checkbox"/> ask first | <input type="checkbox"/> always | <input type="checkbox"/> never |
| Books | <input type="checkbox"/> ask first | <input type="checkbox"/> always | <input type="checkbox"/> never |
| Toiletries | <input type="checkbox"/> ask first | <input type="checkbox"/> always | <input type="checkbox"/> never |

Other: _____

- ask first always never

Guests may use the following:

How will we handle damage to each other's belongings?

Room Temperature

The room temperature (day and night) will be: _____

Quiet Hours and Sleeping

Times set aside for sleeping in our room are:

- During sleep times, lights are: on off
During sleep times, the window is: open closed
During sleep times, the television is: on off
During sleep times, the stereo is: on off
During sleep times, the computer is: on off
During sleep times, IM/email alerts are: on off
During sleep times, the room phone is: on off
During sleep times, cell phones are: on off
Phone use during sleep times is: ok not ok
Are guests allowed during sleep times?: yes no

not of the opposite gender

Are we OK with overnight guests? yes no

not of the opposite gender

If required, how much notice should be given for overnight guests?

Can guests use the bed? (sit on, sleep, or other)

Messages and Phone Use

Messages will be taken for each other: yes no

Where will messages be posted?

How late can phone calls be made from our room?

Other

Other issues we have discussed and agree on are:

Some of our pet peeves each of us should be aware of are:

If we have roommate conflicts, how will we handle them?

We have discussed the above items. We agree to abide by our mutual decisions and will let our RA know of any new issues or contract revisions. We also understand that violations of the roommate agreement may result in reassignment to another room or hall and/or disciplinary action.

Signature/Print Name: _____

Signature/Print Name: _____

Signature/Print Name: _____

RA Signature/Print Name: _____

Date: _____

SRA or DoRL Signature: _____