

Please print clearly.

First Year or Transfer Student

(Please circle one)

Last Name	First Name	MI	Date of Birth
(Area Code)	Home Phone	Email Address	
Home Address		City	State
Name of Requested Roommate		Requested Roommate's Phone Number (please include area code)	

CIRCLE ONE OF THE FOLLOWING RESPONSES FOR EACH QUESTION:

1. Even though smoking is not permitted within the Residence Halls, would you mind if your roommate smoked?
 1. Yes
 2. No
 3. Does not matter

2. What is your religious preference?
 1. Methodist
 2. Baptist
 3. Catholic
 4. Episcopal
 5. Presbyterian
 6. Pentecostal
 7. Jewish
 8. Hindu
 9. Buddhist
 10. Other

3. In general, do you consider your views (religion, politics, etc.) to be:
 1. Conservative
 2. Moderate
 3. Liberal

4. Do you plan to consider membership in a fraternity or sorority?
 1. Yes
 2. No

5. On a rating scale, where 1 = "study very little" and 5 = "study a great deal", please rate your study habits:
 - 1
 - 2
 - 3
 - 4
 - 5

6. When you study, does it bother you if there is any type of noise in the background?
 1. Yes
 2. No

7. Do you normally keep your room:
 1. Very Neat
 2. Generally Clean
 3. Sloppy

8. Do you normally go to bed:
 1. Early and get up early
 2. Late and get up late
 3. Late and get up early
 4. Early and get up late
9. On the weekends, do you plan to:
 1. Stay on Campus
 2. Go home occasionally
 3. Go home frequently
 4. Go home every weekend

10. Do you have allergies?
 1. No
 2. Yes
 If yes, to what: _____

11. I prefer the room temperature to be:
 1. Somewhat cooler
 2. Somewhat warmer

12. How do you spend your free time?
 1. Reading/Sleeping
 2. VideoGames/TV
 3. Telephone
 4. Hanging out with Friends
 5. Athletic Activities