

Housing APPLICATION FORM

Complete and return this form by June 1 to:

Campus Life/Housing Office, P.O. Box 2000, Collegeville, MN 56321-2000

The following questions are designed to help us assign you to a compatible living situation. Please fill the questionnaire out yourself and be as honest as possible when answering the questions. Note that although we will attempt to fulfill your special requests, we cannot guarantee that they will be met.

Please print

Name _____

Home address _____

City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____ Birth date _____

Telephone (_____) _____ - _____ E-mail _____

Parent/Guardian E-mail _____

Emergency contact name _____ Emergency contact telephone (_____) _____ - _____

Parent Grandparent Relative Other _____

I am applying for: Fall Semester _____ (year) Spring Semester _____ (year)

High school _____ Previous college (if applicable) _____

Do you plan to live: On campus Off campus (Freshmen and sophomores are required to live on campus.)

Please answer the following questions if you plan to live on campus:

Are you a: First-year student. If you are a non-traditional student (will not be going directly from high school to college) where would you prefer to live? First-year housing Upperclass housing

Transfer student. What year in college will you be? _____

Readmit student. What year in college will you be? _____

Hall preference: 1st choice _____ 2nd choice _____

Is there a specific person you want to live with? (If so, he must also request you) _____

How would you characterize your personality? Outgoing Introverted Laid back Other

Comment: _____

Do you smoke? Yes No Do you object to a roommate who smokes? Yes No Does not matter

How often do you plan to have friends/girlfriends in the room? Seldom Occasionally Frequently

Do you: Go to bed early Rise early Stay up late and watch TV/study/entertain friends Sleep a lot during the day

How do you keep your room? Neat Cluttered but clean Messy

What are your telephone habits? Use it infrequently Use it frequently

Where do you prefer to study? In your room In the library Someplace outside your room

If you study in your room:

When do you prefer to study? During the day Late at night No set time

How do you prefer to study? In a quiet room With the TV or radio on With minimal noise/distractions

What best describes your study habits? Finish homework/papers, etc. right away Procrastinate

Do you have your own computer? Yes No

Do you spend a lot of time on the computer playing games? Yes No

Which of the following best describes your preferred roommate? Likes to play computer games Seldom plays computer games Doesn't matter

How do you feel about sharing your belongings (food, clothing, school supplies, etc.)?

I would share everything I would share some things I would not want to share anything

Do you plan to participate in any of the following?

student government

music

clubs/organizations

theater

campus ministry

school newspaper

school radio station

other _____

Areas of interest, hobbies, etc. _____

Do you plan to participate in varsity sports? Yes No What sport(s)? _____

Are you taking any medication for chronic illness? Yes No

Describe any handicaps/disabilities which need to be considered _____

Additional comments that will assist us in selecting a roommate for you _____
