

This form aids the Office of Residential Life and Food Service in assigning compatible roommates. The more information provided, the better the staff can match individuals together. Please comment freely and honestly, keeping in mind that your experiences once you arrive at New College may change your preferences. Roommate contracts and mediations are available if any issues arise.

Full Name: _____ ID (N#): _____ Date of Birth: _____

Sex: Male Female Other _____ Gender Identity: _____

Hometown: _____ NCF E-Mail: _____ Phone: (_____) _____

I need housing for ADA reasons (Contact Counseling & Wellness Center, <http://www.ncf.edu/disability-services-ncf>): Yes No

Intended field of study: _____ Transfer student: Yes No

Preferred Housing Type: **Pei** (Double Room Triple Room) **Apartment** (Same Sex Mixed Sex Either)
 B Dorm (Regular Room Preferred Room) **Single** (Studio Single Pei Single)

Personal Characteristics

How do you identify/prefer? (Check All That Apply)	Preferred Roommate(s) Characteristics (Check All That Apply)
<input type="checkbox"/> Introvert <input type="checkbox"/> Extrovert	<input type="checkbox"/> Introvert <input type="checkbox"/> Extrovert
<input type="checkbox"/> Day Person <input type="checkbox"/> Night Person <input type="checkbox"/> Neither	<input type="checkbox"/> Day Person <input type="checkbox"/> Night Person <input type="checkbox"/> Neither
<input type="checkbox"/> Warm room <input type="checkbox"/> Cool room <input type="checkbox"/> Neither	<input type="checkbox"/> Warm room <input type="checkbox"/> Prefer cool room <input type="checkbox"/> Neither
<input type="checkbox"/> Pescatarian <input type="checkbox"/> Omnivore <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan	<input type="checkbox"/> Pescatarian <input type="checkbox"/> Omnivore <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan
<input type="checkbox"/> Likes to cook <input type="checkbox"/> Not like to cook <input type="checkbox"/> Likes to share food	<input type="checkbox"/> Likes to cook <input type="checkbox"/> Not like to cook <input type="checkbox"/> Likes to share food
<input type="checkbox"/> Heavy sleeper <input type="checkbox"/> Light sleeper <input type="checkbox"/> Neither	<input type="checkbox"/> Heavy sleeper <input type="checkbox"/> Light sleeper <input type="checkbox"/> Neither
Goes out: <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Never	Goes out: <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Never
Listens to: <input type="checkbox"/> Loud music <input type="checkbox"/> Soft music <input type="checkbox"/> No music	Listens to: <input type="checkbox"/> Loud music <input type="checkbox"/> Soft music <input type="checkbox"/> No music
Interested in eco-friendly/sustainable living <input type="checkbox"/> Yes	Interested in eco-friendly/sustainable living <input type="checkbox"/> Yes
<input type="checkbox"/> Drinker <input type="checkbox"/> Non-drinker <input type="checkbox"/> Will not room w/ drinker	<input type="checkbox"/> Drinker <input type="checkbox"/> Non-drinker <input type="checkbox"/> Will not room w/ drinker
<input type="checkbox"/> Smoker* <input type="checkbox"/> Non-smoker <input type="checkbox"/> Will not room w/ smoker	<input type="checkbox"/> Smoker* <input type="checkbox"/> Non-smoker <input type="checkbox"/> Will not room w/ smoker

*All residential space is smoke-free. This means all private and public spaces in the residence halls are non-smoking. However, this question is important because of the personal or health issues that some people have living with a person who smokes.

Room Characteristics (Circle One)

How important is it to you that your room be kept neat and orderly?	1 (not important)	2	3	4	5 (very important)
When/if you study in your room, will music or activity bother you?	1 (a little)	2	3	4	5 (a lot)
Do you expect your room to be a place where people gather to relax?	1 (a little)	2	3	4	5 (a lot)
What time do you expect to go to sleep on weeknights?	10 pm or earlier	11 pm	12 am	1 am	2 am or later
Are you interested in substance-free housing?	Yes	No	Maybe		

Privacy/Personal Boundaries (Circle One)

How comfortable are you with others' nakedness ? (Roommate showering with the bathroom door open, changing in the room, sleeping naked, etc.)	1 (very uncomfortable)	2	3	4	5 (very comfortable)
How comfortable will you be with guests sleeping over? (Roommate's significant other, friends, or family, etc.)	1 (very uncomfortable)	2	3	4	5 (very comfortable)
How comfortable are you with the idea of sharing belongings? (microwave, clothes, food, toiletries, etc.)	1 (very uncomfortable)	2	3	4	5 (very comfortable)

Staff Only: Assigned Priority Number _____

In what kinds of extra-curricular activities do you anticipate participating?

- Student Government
- Music, Dance, Drama
- Biking, Sailing, other sports
- Other (Like what?_____)
- Social Service/Volunteer Service, Social Justice
- Newspaper
- Gardening, Environmental organizations

List three things that you are hoping to take advantage of at New College.

19. Use this space to help us understand you and your roommate expectations. Please do not leave this section blank. You may attach a separate sheet if you need more space.

a. What expectations do you have for your roommate? What can your roommate expect from you?

b. What are the five most important things your roommate needs to know about you?

Additional Comments

Each form will be assigned a priority number as they are received by the Office of Residential Life and Food Service (contact information available at <http://www.ncf.edu/housing-dining>). ***Forms turned in before July 1st will be given first consideration for assignments.*** The later the form is returned the least able the office is able to match roommates according to the metrics in this form. Priority numbers may impact de-tripling and consolidation priority.