

JAVELINA station

Roommate Matching Form

This form is designed for the sole purpose of matching students in need of roommates with other students.

The information contained within will only be used for these specific purposes.

Javelina Station cannot ensure the validity of the information provided on this form.

Furthermore, Javelina Station cannot promise that the roommate(s) assigned to you will meet all of the criteria requested.

Please print or type:

FULL NAME _____
(Last) (First) (Middle) (Preferred Name)

PERMANENT ADDRESS _____
(House Number / Street / PO Box / City / State / Zip)

HOME PHONE NUMBER (_____) _____ SOCIAL SECURITY NUMBER _____ - _____ - _____

EMAIL ADDRESS _____ AGE _____

ELECTED FIELD OF STUDY (Major) _____

PLEASE CHECK ALL THAT APPLY: Male Female First-year student Transfer Single Married

CUMULATIVE HOURS: _____ COLLEGE CLASSIFICATION: Freshman Sophomore Junior Senior Graduate

PLEASE ANSWER THE FOLLOWING QUESTIONS, AND INDICATE PREFERENCES, TO AID IN IDENTIFYING AN APPROPRIATE ROOMMATE.

Check ALL that apply:

Music/TV Volume: Loud Average Soft

Preferred Music: R&B Rock Reggae Alternative Hip Hop / Rap Country Contemporary Christian

Other: _____ I dislike listening to _____

Sleeping Habits on a typical school night - I go to bed by: 10PM 12Midnight 2AM or later

On a typical morning - I prefer to wake up by: 7AM 9AM 11AM or later

Tidiness - The following description best describes my organizational habits:

Extremely neat & organized Neat & organized Fairly clean
 Clothes make a path to the bed Unorganized Completely messy & unorganized

How often do you make your bed? Everyday Once a Week Once a Month

Smoking Preference: (All housing buildings are non-smoking facilities; the policy in these facilities prohibits smoking anywhere including private rooms and public areas except in designated smoking areas.)

I am a: Smoker Non-Smoker

I prefer to live with: Smoker Non-Smoker

Please list interests, activities, & hobbies (include athletic participation): _____

Are you being recruited for intercollegiate athletics? Yes – Sport _____ No

Do you plan to have a vehicle on campus? Yes No

Please list any special needs that (a) would require special housing consideration: _____

or (b) other circumstances/needs that should be documented by Collegiate Management Services: _____

Signing below indicates that you have filled out this form, and agree to its use for the purpose indicated herein.

Printed Name

Signature

Date