

HOUSING QUESTIONNAIRE

Name: _____

Summer Address: _____

Summer Phone: _____ Summer Email: _____

May we give the information above to a prospective roommate? _____

If yes, please initial here: _____

Concentration: _____

Do you (usually):

Go to bed early or late? _____ State usual hours: _____

Get up early or late? _____ State usual hours: _____

Could you share a bedroom with someone who has a different schedule? _____

What kind of music do you like/dislike listening to and at what volumes? _____

Do you watch television regularly? _____

Would you object to having a television in your room? _____

Is there anyone in the House or coming to the House...

with whom you would like to live? _____

or with whom you would NOT like to live? _____

Please indicate the type of room you prefer:

quiet, serious	1	2	3	4	5	lively social center
neatness	1	2	3	4	5	"creative disorder"
small group	1	2	3	4	5	large group

What are your interests? Please rank 3 or more non-curricular interests in order of importance.

_____ Music	_____ Intercollegiate athletics
_____ Religious activities	_____ Ethnic organizations
_____ Intramural/recreational sports	_____ Arts (fine art, photography, dance)
_____ Social service	_____ Drama
_____ Student publications	_____ Politics, student government
_____ Debate	_____ Other: _____

***** NOTE: SMOKING IS NOT ALLOWED IN ANYWHERE IN WINTHROP*****

Should we consider anything else? (answer on the back of this page)