

ROOMMATE PREFERENCE FORM*

Please complete this form fully and return it by email to: hartford@echigher.com

About you

Full Name

Nickname

Country

Email

Date of Birth Male Female

Your preferences

	Yes	No
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
Are you Vegetarian/Vegan?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a 'Morning Person?'	<input type="checkbox"/>	<input type="checkbox"/>
Do you play an instrument?	<input type="checkbox"/>	<input type="checkbox"/>

What are you like?

	Often	Sometimes	Never
Do you stay up late?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your room messy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you drink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you plan on having visitors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you go out at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you study in the library?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you study in your room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About you

Are you a Undergraduate OR Graduate

Do you have any health issues?
If so, please specify.

What is your major?

What are your hobbies/interests?

What kind of music do you like?

Do you have a friend with whom
you'd like to share a room?
If so, please let us know.

* We will make every attempt to place you with a roommate with similar likes, but cannot guarantee it.