



New Student Housing Information Survey 2011-2012

Moms, Dads, and all other family members ... please step away from this form! We understand you mean well but experience tells us that **NO ONE** should complete this survey except the student so that it can be filled out accurately and honestly. This is for the benefit of the student and his/her future roommate. Many thanks!!

Please select a picture of yourself which best portrays your personality

PLACE YOUR PICTURE HERE



MAKE SURE IT IS SECURELY ATTACHED – THANKS!!

Name: _____
Last First Middle Nickname

Hometown: _____
City/State/Province/Country/Zip Code

Phone (best number to reach you throughout the summer): _____

Email* (one you check frequently): _____

***Remember that once you arrive on campus, we will use your SVC email to contact you in the future**

Date of Birth: _____ **Gender:** _____ **Major:** _____

Are you a transfer student? Yes No **If Yes, what college(s):** _____

Conditions requiring specific housing accommodation: In order to be considered for a housing accommodation based on a medical or learning difference you must have documentation from a medical provider on file with Health Services, Counseling Services and/or the Learning Differences Office explaining what accommodation is needed and why. If the documentation is not currently on file it must be received no later than **January 6**. Information received after that date may not be accommodated due to insufficient notice. Health Services, Counseling Services and/or the Learning Differences Office will determine what reasonable accommodation can be made as per ADA guidelines and consult with the Office of Residential Life regarding housing placement.

I am applying for a housing accommodation: Yes No

Please See Reverse Side →

Smoking:

Smoking is not permitted inside any of the residence halls. However, students continue to maintain an interest in knowing a potential roommate’s smoking habits, as this lifestyle can indirectly affect the room (smoke on clothes, etc.). Please check the appropriate box for your response:

Do you smoke? Yes No* *Please understand that if you check No, you **are agreeing NOT to smoke**

If “No,” would you live with a smoker? Yes No

Quiet Housing: *This housing offers extended quiet hours during the week and on weekends for students who need or prefer a quieter environment.*

(Note: There are limited spaces in quiet housing, so please respond early)

Would you prefer to live in a “Quiet Housing” suite? Yes No

Roommate Compatibility

The following questions relate to your preferences which we will use to place you with a roommate. Keep in mind that true compatibility falls far beyond that which we can ask about in a survey, thus we cannot guarantee an outcome.

1) Please select the statement that most accurately describes how you would keep your portion of the room shared with your roommate. Be honest – look at your room right now.

- Everything has a place and that is where it is
- Everything has a place but it’s not always there
- Everything is everywhere

2) When studying, I like the room to:

- Be quiet
- Have background sound
- It doesn’t really matter

3) When not studying, I would want the room to be a place:

- To socialize often
- To spend quiet time with friends
- Where I can retreat alone

4) Are you an:

- Early bird
- Night Owl
- Somewhere in between

5) My friends would describe me as being most like:

- A solo adventurer
- An outgoing people person
- A reserved reasoner

Will you be participating in sports at SVC? Yes No **If Yes, which ones?** _____

If you wish to live with a particular person, please provide his/her name: _____

Note that you **BOTH** must request each other on the Housing form in order to be placed together.

Is there anything else that you would like to share to help us with your roommate placement?

*We appreciate your patience as it allows us to focus on the task of reading each application and placing everyone.
Many thanks!*

~Please return this application by January 9th~