

ROOMMATE/SUITEMATE SELECTION INFORMATION - ALL QUESTIONS MUST BE ANSWERED

Name _____ Faculty _____ Major _____

Permanent Address _____ Year of study _____

_____ Present age _____ Birth date _____

Date _____ Single _____ Married _____

Male _____ Female _____

Do you have any physical disability, allergy, medical or dietary problems? _____

If yes, please explain _____

Do you smoke? _____ Do you mind if your roommate/suitemate smokes? _____

Do you consume alcoholic beverages? _____ Do you mind if your roommate/suitemate does? _____

Have you lived in Residence before? _____ U. of L.? _____ Number of Semesters in Residence _____

What year student would you prefer to room or share a suite with? _____

Are you interested in rooming with an international student? _____

If yes, would you prefer: African? _____ Oriental? _____ European? _____ Asian? _____ other? (State preference) _____

Roommate preference if known: Name _____

Address _____

Has he/she lived in the U. of L. Residence before? _____

SUITEMATES PREFERRED:

Please state number of semesters each has lived in Residence

_____	_____
_____	_____
_____	_____
_____	_____

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