



ROOMMATE INFORMATION 2019-2020

Student Name _____ Cell Phone () _____
Last First Middle

Address _____

Please complete the following questionnaire. The information you provide will be used to place you with a roommate.

Date of Birth _____ Intended Year of Graduation from Rivier _____

Major _____ Minor _____

Study Habits:

How often do you study? 1 2 3 4 5
Rarely All the time

(Check all that apply)

- Need absolute quiet to study Study late at night Study in the room
Study at the library Study with a radio on Study in groups

Please list any study habits which may be important to know:

Sleeping Habits:

What time do you prefer to go to bed during the week? 8-9 p.m. 9-10 p.m. 11-12 a.m. 12-1 a.m.

(Check all that apply)

- Heavy sleeper Light sleeper Snore
Morning person Night person Move a lot when I sleep
Sleep with music on Sleep with a fan on Like windows open

Please list any other sleeping habits which may be important to know:

Please list one or two likes in each category to help us get to know you better.

Interests/Hobbies:

Movies _____	TV _____	Gaming Systems _____
_____	_____	_____
Music _____	Books _____	_____
_____	_____	_____

Room Atmosphere:

How often would you have visitors?	1	2	3	4	5
	<i>Rarely</i>				<i>All the time</i>

Please list any other preferences you have for the atmosphere of your room:

Describe yourself:

What is your neatness level?	1	2	3	4	5
	<i>Very Messy</i>				<i>Very Neat</i>
How social are you?	1	2	3	4	5
	<i>Quiet</i>				<i>Social</i>
How organized are you?	1	2	3	4	5
	<i>Not Organized</i>				<i>Organized</i>
How active are you?	1	2	3	4	5
	<i>Not Active</i>				<i>Active</i>

Will you be playing a sport at Rivier? Yes No

If so what sport(s) will you be playing? _____

Please list any other information about yourself that may aid us in selecting a suitable roommate for you:

Identified a possible roommate already? Please provide the name, address, and phone (cell) number of that person so that we may make contact:
