HOWARD UNIVERSITY
OFFICE OF RESIDENCE LIFE
Washington, DC 20059

ROOMMATE PREFERENCE FORM

We are requesting that this form be completed by all students assigned to doubles, triples, or suites. Completion of this form is optional, but it will assist us in the room assignment process.

Your Name _____ ID# _____
LAST FIRST M.I.

Your Age _____ Your Assignment: Residence Hall _____

Room Type _____

1. Are you a night person? ❑ YES ❑ NO
2. Do you wake up early? ❑ YES ❑ NO
3. Do you snore? ❑ YES ❑ NO
4. Do you sleep with the TV/stereo on? ❑ YES ❑ NO
5. Would you like to be placed with a student with a similar major?
   If so, indicate your major. _____
6. Do you smoke? ❑ YES ❑ NO
   (Smoking is prohibited in all University Buildings.)
7. Are you neat and organized? ❑ YES ❑ NO
8. Do you consider your room primarily a place to study? ❑ YES ❑ NO
9. If you know the student that you would like to room with, please indicate below. (Students must request each other in order for us to complete specific roommate requests.)
   Preferred Roommate's Name _____

Your Signature _____ Date _____

Please complete and return this form with your signed Residence Hall Agreement. Thank you for your assistance.

OFFICE USE ONLY

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