Room Placement Survey 2015/16

Your answers to the following questions will help in the placement process. It is important that YOU, not a parent or relative, respond candidly and honestly to all of the questions. Answer the questions with regard only to your personal preferences and thoughts. Consider that your sleeping, socializing and even housekeeping habits may change with college life. Please complete and return the survey even if you have a roommate in mind.

Name: ___________________________ Date of Birth: _______________ Gender: Female Male

Email Address: ___________________ Cell Phone #:________________ Alternate Phone #:________

Intended Major: __________________ Ursuline Athlete: Y N Sport(s):____________

I am a (please check one): First-year student: _____ Transfer student: _____ Grad student: _____

Section 1: Roommate Preference (check one - All incoming students must have a roommate.)
• Please place me with a roommate that best matches my preferences indicated on this survey: Y N
• I am open to rooming with an upper class student: Y N
• I would like to request a specific roommate
  (Please indicate name here. In order to be placed with your choice, you BOTH must indicate each other as your roommate preference):

A Nursing Theme Area was developed to give first-year nursing majors the opportunity to live near other first-year nursing students. The hope is to create a community where you can study together; support each other, socialize, and participate in meaningful programming opportunities. If you are interested in living near other nursing majors please check the box above.

Section 2: (All residence halls are smoke free.)
Do you smoke? Y N Do you mind living with someone that smokes? Y N

I have shared a room in the past. Y N

Please circle the word that best describes you:

Your housekeeping habits are mainly: Immaculate Slightly Cluttered Messy

Do you expect to have overnight guests: Never Sometimes Frequently

Do you plan to have friends visit your room? Never Sometimes Frequently

I would be comfortable with my roommate's friend(s) hanging out in my room for several hours? No Possibly Yes

My weekends will be spent... Studying Socializing At home

I anticipate going to bed... Prior to 11:00pm 11:00pm-1:00am After 1:00am

I typically fall asleep with some noise: Yes No (if yes, indicate what): ________

To sleep the room needs to be: Completely dark Some light Lights on

To study I prefer: Complete quiet To listen to music w/headphones Background noise/music

Room temperature (please circle all that apply): Fan occasionally Fan used at all times/seasons Warm & Toasty Room

Window closed Window open at all times Window open occasionally

TURN PAGE OVER
Section 3:
I value my privacy
Above all else At certain times Not at all
I enjoy spending time with people
from different backgrounds
Disagree Agree Strongly Agree
I would feel comfortable living with
someone who is different from me
Disagree Agree Strongly Agree
I am hoping to develop a strong
friendship with my roommate
Disagree Agree Strongly Agree
I am upfront about how
I feel – even when angry
Disagree Agree Strongly Agree
I prefer to avoid conflict
Disagree Agree Strongly Agree

Section 4: To answer the following questions, select a number between 1 – 5 that best describes your preference and/or expectation. (Strongly Disagree = 5 4 3 2 1 = Strongly Agree)

There should be an imaginary but clear line that divides the room into my space/my roommate’s space ___

I would not mind if my roommate laid on my bed____

It would not bother me if my roommate used my computer____

I expect that my roommate and I will share items (clothes, personal belongings, toiletries, make-up, etc) ___

I imagine my roommate and I will share the food/snacks we bring into the room____

I will feel comfortable sharing personal issues, discussing problems and/or letting my roommate know what is going on in my life. I would hope the same from her ____

Section 5: Areas of Interest (check all that apply):
_____ photography _____ spiritual _____ drug/alcohol awareness _____ theater
_____ outdoor activities _____ diversity _____ fitness/intramural sports _____ dancing
_____ community service _____ cultural interests _____ student government _____ music
_____ art related activities _____ International travel _____ recycling Other:__________________

Section 6: Is there anything you would like to share about yourself that will help us in making the best roommate match? Please consider what you would like and/or dislike in a room environment/roommate.

If you believe you qualify as an individual with a disability and are in need of a reasonable accommodation, please contact the Academic Support and Disabilities Services Department at (440) 449-2046. Accommodations are provided on a case-by-case basis due to documented disabilities and medical conditions. To qualify for reasonable housing accommodations according to Section 504 and the Fair Housing Act, the student must have a current condition that substantially limits a major life activity, and the accommodation must be necessary and reasonable. A diagnosis, in and of itself, does not automatically qualify for accommodations. Those granted accommodations will be required to re-submit a Request for Housing Accommodations Form each year.

Please return this survey to: