

ROOMMATE COMPATIBILITY

Name: _____ Phone: (_____) _____ - _____

Email: _____

If you have preference for roommates, indicate roommate name(s)

Release my contact information to*: ____Roommate _____Suitemate *This is used for residents to communicate before moving in the Campus Suites. For instance, who is bringing a television, microwave, etc.

*Please indicate which contact information you would like released: ____email ____phone

Approximately what time do you go to sleep on weeknights? _____ Weekends? _____

Music Preferences: _____ Hobbies/Interests:

At what volume do you typically listen to music? Quiet 1 2 3 4 5 6 7 8 9 10 Loud

How often do you like to socialize? Some 1 2 3 4 5 6 7 8 9 10 Always

How neat do you like to keep your room? Messy 1 2 3 4 5 6 7 8 9 10 Neat

Would you prefer your roommate to have the same academic interests? Yes Doesn't Matter No

I like to go out with friends at night: Weeknights and Weekends Week-ends Only Hardly ever or Never

I prefer to study: Outside my room (i.e. library) Quietly in my room With music, TV, etc. in my room

College Policy

Campus Suites is alcohol/drug free, regardless of resident(s) or guest(s) age.

Complete and return this form to:
Office of Student Housing
Gogebic Community College
E4946 Jackson Road Ironwood, MI 49938