



**Jefferson College**  
**of Health Sciences**  
 at CARILION CLINIC 



*Residence Life*

**Housing Preferences Form**

*In an effort to assist the Residence Life Coordinator with housing assignments, we ask that you honestly and completely answer the following questionnaire and submit it along with your signed Housing Contract. The information supplied will be used to match you with an appropriate roommate(s). There is no guarantee of assignment. However, every effort is made to accommodate your requests.*

Your Name: \_\_\_\_\_

Program: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Are you a returning resident?  Yes  No

**Please check one box per statement:**

Do you smoke?

Yes  No

Do you object to a roommate that smokes?

Yes  No

I prefer a roommate in a similar program:

Yes  No  No Preference

I usually keep my room:

Immaculate  Generally neat  Lived in  Messy

I am usually:

Quiet  Outgoing  Studious  Social

During the week, I usually go to sleep:

Before 10pm  10pm-12am  After 12am

During the week, I prefer to wake up:

Early  Mid-morning  As late as I can

On weekends, I usually go to sleep:

Before 10pm  10pm-12am  After 12am

On weekends, I prefer to wake up:

Early  Mid-morning  As late as I can

Do you prefer your hall generally quiet or lively?

Quiet  Lively  No Preference

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Do you have a roommate request(s)?  Yes  No

If yes, please indicate the resident student(s) below:

Name:

Name:

Name:

Name:

\*Residents must list each other in order for the request to be considered.

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**For Office Use Only**

Submission Date: