



# Colby Community College



## Housing Questionnaire

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email address \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Check one for each question

Gender:  Male  Female

Are you a returning student?  Yes  No

If yes, would you like the same room?  Yes  No

What is your major? \_\_\_\_\_

Would you like to room with someone of the same Major?  Yes  No

Have you been recruited for a CCC team?  Yes  No

If yes, which team \_\_\_\_\_

### Personal Habits

In what state do you desire your room?

Nothing on the floor  Occasional things on the floor  Some belongings always on the floor

Very messy but I pick up on occasion  Always a mess/never pick up

In what state do you desire your bathroom?

So clean you could eat off the floor  Some belongings on the counter

Very messy but pick up on occasion  Always a mess/never pick up



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What are your cleaning habits?

Every day  Once or twice a week  Every now and then as needed  When forced to  Cleaning, huh?

When do you go to sleep?

Early bird gets the worm  In bed by 10 p.m.  Night owl/midnight  Fall asleep after 2 a.m.

I'm a vampire. I wake up when the sun goes down

**Do you use tobacco in any form (cigarettes, smokeless, eCigs) \***

Use of tobacco is not against CCC policy. However, smoking any form of tobacco inside any campus buildings is prohibited. Information obtained through this question will be used for roommate placement only.

Never  On occasion  Light smoker  Heavy smoker

**Do you use substances such as alcohol and/or drugs? \***

The use of alcohol/controlled substances is strictly forbidden on the CCC campus. Please refer to the Residence Hall handbook and/or the Student Handbook. Information obtained through this question will be used for roommate placement only.

Never  Only on weekends  Socially  Every day

Do you have any physical/medical conditions that require special accommodations? If so, please describe.

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**Living Center Preference, First choice.**

Living Center East

Living Center North Single Story

Living Center North Two Story

Living Center Northeast

**Living Center Preference, Second choice.**

Living Center East

Living Center North Single Story

Living Center North Two Story

Living Center Northeast

**Living Center Preference, Third choice.**

Living Center East

Living Center North Single Story

Living Center North Two Story

Living Center Northeast

Please indicate if you have a roommate request:

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On-campus residents are required to have a meal plan. Please select one:

19 Meal plan,  15 Meal plan

For current rates, please refer to [www.colbycc.edu](http://www.colbycc.edu)