First Name_		Last Name		
Email address	S	Phone Number		
Address		City		
	State	Country	Zip Code	
		Check one for ea	ach question	
Gender: $oldsymbol{O}$ Male	$oldsymbol{O}$ Female			
Are you a returning s If yes, would you			<b>O</b> No	
What is your major? Would you like to			ame Major? $oldsymbol{\emph{O}}$ Yes $oldsymbol{\emph{O}}$ No	
Have you been recrui			<b>O</b> No	
		Personal	Habits	
In what state do you	desire your r	room?		
<ul><li>O Nothing on the floor</li><li>O Very messy but I pick</li></ul>			O Some belongings always on the floor s/never pick up	
In what state do you	desire your b	oathroom?		
<ul><li>O So clean you could ea</li><li>O Very messy but pick</li></ul>				

2

What are your cleaning habits?
$m{O}$ Every day $m{O}$ Once or twice a week $m{O}$ Every now and then as needed $m{O}$ When forced to $m{O}$ Cleaning, huh?
When do you go to sleep?
$m{O}$ Early bird gets the worm $m{O}$ In bed by 10 p.m. $m{O}$ Night owl/midnight $m{O}$ Fall asleep after 2 a.m.
O I'm a vampire. I wake up when the sun goes down
<b>Do you use tobacco in any form (cigarettes, smokeless, eCigs) *</b> 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.
$oldsymbol{O}$ Never $oldsymbol{O}$ On occasion $oldsymbol{O}$ Light smoker $oldsymbol{O}$ Heavy smoker
<b>Do you use substances such as alcohol and/or drugs?</b> * 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.
$oldsymbol{O}$ Never $oldsymbol{O}$ Only on weekends $oldsymbol{O}$ Socially $oldsymbol{O}$ Every day
Do you have any physical/medical conditions that require special accommodations? If so, please describe.

## 3

## Living Center Preference, First choice. **O** Living Center East **O** Living Center North Single Story **O** Hines Hall **O** Embree Hall Living Center Preference, Second choice. **O** Living Center East **O** Living Center North Single Story **O** Living Center North Two Story **O** Living Center Northeast Living Center Preference, Third choice. **O** Living Center East **O** Living Center North Single Story **O** Living Center North Two Story **O** Living Center Northeast Please indicate if you have a roommate request:

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

**0** 19 Meal plan, **0** 15 Meal plan

For current rates, please refer to www.colbycc.edu