

Roommate Personal Profile Form

1. What is your major? _____ Undecided?
2. Where do you expect to do most of your studying? (Room, Study Lounge, Library, Other) circle one
3. When do you expect to do most of your studying? (Morning, Afternoon, Evening)
4. Do you smoke? (Yes/No) circle one
5. Would you live with a smoker? (Yes/No) circle one
6. What time do you usually go to bed? (Early 8pm-10pm) (Late after midnight) circle one
7. What time do you wake up? (By 7am) (By 8am) (By 10am) (after 10am) circle one
8. What kind of TV shows do you like? (Primetime, Sports, Movies, Reality, MTV, News, PBS) circle all interests
9. What style of music do you like? (Hip –Hop, Pop, Country, Rap, Alternative, Metal, R&B, Jazz, Classical) circle all interest
10. Name the city and state of the high school you attended? _____
11. Which word best describes your personality? (Quiet, Average, Outgoing, Loud) circle one
12. How neat and clean will you keep your surroundings? (Very neat, Neat, Average, No order/chaos) circle one
13. How do you feel about overnight guest? (Never ok, Occasionally, Weekends only, Anytime) circle one
14. How important is private time? (Not important, A little each day, Very important) circle one
15. How do you feel about alcohol use? (No tolerance at all, Not when I'm around, Accepting, Very tolerant) circle one
16. Do you plan to join a Greek organization? (Yes/No)
17. Are you an athlete? (What sport) _____
18. What are your favorite things to do?(please list any additional information we should know) _____

Print Name _____