TRANSFER ROOMMATE APPLICATION

In order for us to make a compatible match, we would appreciate it if you would answer some of the same questions that we ask all new students.

RETURN COMPLETED FORM TO: Office of Housing Services, 103 Harbin Hall, Box 571117, Georgetown University, Washington, D.C. 20057-1117.

Section One: Personal Information

1. Name: _________________________________________________________
2. NetID: ______________
3. Gender: M/F

Section Two: (please check)

Questions (please complete to help us assign you to a comfortable space)

1. Do you smoke?      ___Yes      ___No

   Smoking is not allowed in any residential facility or campus building but some students are sensitive to even the smell of smoke on a person's clothes.

2. Is keeping your room neat and tidy important?     ___Yes ___No

3. At what time on a typical weeknight do you prefer to go to sleep?
   10pm-11pm___  11pm-1am___  2am or later___

4. What kind of music do you prefer?

5. Would you prefer to:
   _____ Share a double room with a Transfer roommate? OR
   _____ Add a Transfer student to your apartment group?

If you chose an apartment group, please give the names and ID numbers of the other currently enrolled G.U. undergraduates in your group (Please print):

(A) ___________________________________________ ID# ______________
(B) ___________________________________________ ID# ______________
(C) ___________________________________________ ID# ______________
(D) ___________________________________________ ID# ______________
(E) ___________________________________________ ID# ______________

(OVER)
6. Do you go to sleep early or late? ________________________________

7. Why are you interested in sharing a room/apartment with a Transfer student?
____________________________________________________________
____________________________________________________________
____________________________________________________________

8. Other Comments (other considerations that will help us assign you to a compatible roommate): For example, you may list academic major, hobbies, interests, etc.

APPLICANT’S SIGNATURE:
If choosing an apartment group, please have the other members of your group sign below:

Signature 1: ___________________ Signature 2: ___________________

Signature 3: ___________________ Signature 4: ___________________

Signature 5: ___________________

If you require more space for your responses, please attach additional sheets.

If you have any questions, do not hesitate to contact us at (202)687-4560. Or you can email our office at campushousing@georgetown.edu