



PROVIDENCE
UNIVERSITY COLLEGE
EST. 1925

RESIDENCE INFORMATION FORM

This form is required for Residence Students only. Please be as specific as possible, as this information will assist us in residence and roommate placement.

Your Name: _____

Student ID: _____

1. What are your expectations of a roommate?
2. Name a specific current student with whom you would like to share a room. This is optional. Both the student and yourself must submit a mutual request:
3. What are your expectations of living in residence?
4. How do you handle conflict/disagreements?
5. Please indicate the usual condition of your room: Perfectionist Very Neat and Clean Moderately Neat Somewhat untidy Untidy/Disorganized
6. Please check all that apply: Light sleeper Heavy sleeper Snorer Night owl Morning person
7. I need _____ hours of sleep per night to be well rested. I usually go to bed at _____
8. What time of day do you prefer to study? _____
9. In order to study, I prefer to have: Music or background noise Absolute quiet No preference

10. Do you have any particular allergies or physical limitations that may affect your room placement? Is there anything in particular you would like to share with the Resident Director about yourself? If yes, please specify:

11. Do you have any particular food allergies or dietary restrictions that our dining hall staff should know about? If yes, please specify:

12. What type of music do you like?:

13. Your favourite group(s)/band(s):

14. Identify any kind of music that you find particularly bothersome:

15. Your favourite TV shows / movies / video games: