

Please complete this form as accurately as possible. Your answers help us match you, as best as possible, with a roommate and suitemates who have interests and living-learning needs compatible with your own.

**STUDENT'S INFORMATION**

First Name	Last Name	Date
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**ROOMMATE REQUEST**

Fill out **ONLY** if you have a specific person in mind that you'd like to room with. Please note, due to certain limitations (i.e. room capacity), not all roommate requests can be granted.

Please list your desired roommate's name:

First Name	Last Name
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**STUDENT'S PERSONAL LIVING-LEARNING PROFILE**

**Expected Major:**

When do you prefer to go to bed?	<input type="checkbox"/> Before Midnight	<input type="checkbox"/> Around Midnight	<input type="checkbox"/> After Midnight	<input type="checkbox"/> Varies
Are you a light sleeper?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you need privacy?	<input type="checkbox"/> A lot	<input type="checkbox"/> Some	<input type="checkbox"/> Little	<input type="checkbox"/> None
How important is being neat?	<input type="checkbox"/> Very	<input type="checkbox"/> Some	<input type="checkbox"/> Little	<input type="checkbox"/> None
For you, what is an acceptable amount of noise while studying or doing homework?	<input type="checkbox"/> Any noise	<input type="checkbox"/> Some noise (talking)	<input type="checkbox"/> Some (low music)	<input type="checkbox"/> None (silence)
How often do you watch TV/movies?		<input type="checkbox"/> Everyday	<input type="checkbox"/> Few times a week	<input type="checkbox"/> Rarely
How important is cleaning your living space?	<input type="checkbox"/> Very, I'll deep clean every day.	<input type="checkbox"/> Important, I'll clean twice a week.	<input type="checkbox"/> If it's required, once a week.	<input type="checkbox"/> Not very important, only if I have to.

**PERSONAL INTERESTS**

When I listen to music, I listen to...	
When I watch movies, I like to watch...	
My hobbies/ areas of interest are...	
Five words that describe myself are...	
Five words that describe the person I would like to live with are...	
A special talent I have is...	

**STUDENT LIVING LEARNING RESTRICTIONS**

What food allergies do you have?	
What diet restrictions to you have?	
What verified learning accommodations do you have?	

**ADDITIONAL INFORMATION**


**This form can be mailed, faxed, or hand-delivered to:**

Office of Student Affairs  
c/o Leslie Stevens, Dean of Students  
Nebraska Christian College, 12550 South 114<sup>th</sup> Street, Papillion, NE 68046

Phone: 402-935-9400  
Fax: 402-935-9500

Revised: 01/25/2017