

Ursuline College Room Placement Survey

Your answers to the following questions will help in the roommate assignment process. It is important that YOU respond candidly and honestly to all of the questions. Consider that your sleeping, socializing and even housekeeping habits may change at college.

Complete and return even if you have a roommate in mind.

Please print or type Your Name: _____

Date of Birth: _____ **Under 18 years of age on 8/14/2020?** ☐ No ☐ Yes **Gender:** ☐ Female ☐ Male

Your Email: _____ Your best contact phone #: _____

May we have permission to release your phone number and email address to your roommate? ☐ Yes ☐ No

Intended Major: _____ **Ursuline Athlete:** ☐ No ☐ Yes **Sport?** _____

I am a: ☐ First-year student ☐ New Transfer student ☐ Grad student ☐ ABSN ☐ Other: _____

Section 1: Roommate Preference (check one - All incoming students **must** have a roommate.)

- **Have you shared a room in the past?** ☐ Yes ☐ No
- ☐ Place me with a roommate that best matches my preferences on this survey.
- ☐ I would like to request a specific roommate
(Indicate requested roommate name below. BOTH residents must indicate each other on their respective surveys.)

- I am open to rooming with an upper class student: ☐ Yes ☐ No

☐ A **Nursing Theme Area** was developed to give **first-year nursing majors** the opportunity to live near **other first-year nursing students** in the hope of creating a community to study together, socialize, and participate in meaningful programming opportunities. If you are interested in living near other nursing majors please check the box above.

Section 2: (Ursuline College residence halls and campus buildings are all **smoke free**.)

Do you smoke? ☐ Yes ☐ No **Do you mind living with someone that smokes?** ☐ Yes ☐ No

Please check the appropriate box based on your preferences:

- Your housekeeping habits are mainly:** ☐ Always clean and organized ☐ Slightly Cluttered ☐ Messy
- Do you expect to have overnight guest(s) of the same sex?:** ☐ Never ☐ Sometimes ☐ Frequently
- Do you expect to have overnight guest(s) of the opposite sex?:** ☐ Never ☐ Sometimes ☐ Frequently
- Would you be comfortable with your roommate hosting an overnight guest?:** ☐ Never ☐ Sometimes ☐ Frequently ☐ Only of the same sex
- Do you plan to have friends visit your room?** ☐ Never ☐ Sometimes ☐ Frequently
- Would you be comfortable with your roommate's friend(s) hanging out in your shared room for several hours?:** ☐ No ☐ Possibly ☐ Yes
- How do you plan to spend your weekends?** ☐ Studying ☐ Socializing ☐ At home
- I anticipate going to bed...** ☐ Prior to 11:00pm ☐ 11pm-1am ☐ After 1:00am
- How do you typically fall asleep?:**
☐ Complete quiet ☐ To listen to music w/headphones ☐ Background noise/music (*indicate what*): _____
- To sleep the room needs to be:** ☐ Complete dark ☐ Some light ☐ Lights on
- To study, do you prefer...:** ☐ Complete quiet ☐ To listen to music w/headphones ☐ Background noise/music
- How do you prefer your room climate?:** ☐ Warm ☐ Cold ☐ Open Windows

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Section 3:

I value my privacy	Above all else	At certain times	Not at all
I enjoy spending time with people from different backgrounds	Disagree	Agree	Strongly Agree
I would feel comfortable living with someone who is different from me	Disagree	Agree	Strongly Agree
I am hoping to develop a strong friendship with my roommate	Disagree	Agree	Strongly Agree
I will be upfront with my roommate about how I feel – even when angry	Disagree	Agree	Strongly Agree
I prefer to avoid conflict	Disagree	Agree	Strongly Agree

Section 4: Respond to the following statements with a number between 1 – 5 to best describe your preference and/or expectation. (1 = **Strongly Agree**, 2 = **Agree**, 3 **Neutral/No Feeling**, 4 = **Disagree**, 5 = **Strongly Disagree**)

There should be an imaginary but clear line that divides the room into my space/my roommate's space ____

I would mind if my roommate laid on my bed ____

It would bother me if my roommate used my personal technology (iPad, laptop, cell phone, etc.) ____

I expect that my roommate and I will share items (clothes, personal belongings, toiletries, make-up, etc.) ____

I imagine my roommate and I will share the food/snacks we bring into the room ____

I will be comfortable sharing personal issues and telling my roommate what is going on in my life, and I hope the same from her ____

Section 5: Areas of Interest (check all that apply):

____ photography	____ spirituality/faith	____ drug/alcohol awareness	____ theater/art
____ outdoor activities	____ diversity	____ fitness/intramural sports	____ attending sporting events
____ community service	____ LGBTQIA+	____ student government	____ crafting/Pinterest
____ Women's Topics	____ dancing	____ music/Type: _____	Other: _____

Section 6: Is there anything additionally you would like to share about yourself that will help us in making the most appropriate roommate match based on the preferences you indicated.

If you believe you qualify as an individual with a disability and are in need of a reasonable accommodation, please contact the Ursuline Resources for Success in Academics (URSA) Office at (440) 449-2046. Accommodations are provided on a case-by-case basis due to documented disabilities and medical conditions. To qualify for reasonable housing accommodations according to Section 504 and the Fair Housing Act, the student must have a current condition that substantially limits a major life activity, and the accommodation must be necessary and reasonable. A diagnosis, in and of itself, does not automatically qualify for accommodations. Those granted accommodations will be required to re-submit a Request for Housing Accommodations Form each year.

Please return this survey to:

Gina DeMart-Kraus, Director of Residence Life
Ursuline College c/o Residence Life

gdemart@ursuline.edu
2550 Lander Road

OR mail to
Pepper Pike, OH

44124