

DUE to Alissa Selburg, Student Life Coordinator by November 15, 2013 NOTE: All new residents must submit a \$50 deposit \$50 deposit is waived if applicant is a current resident

Return to: Alissa Selburg 415 St Mark Court Office 616 Peoria, IL 61603

Personal Information						•		
NAME (Please Print)						GENE	DER	
PERMANENT STREET ADDRESS		CIT	CITY			STATE ZIP		
PHONE		EMAIL					AGE	
YEAR IN COLLEGE FOR FALL 2013 (FRESHMAN, SOPHOMORE, ETC.)		PROGRAM (BSN	PROGRAM (BSN/2 nd Degree, etc.)			INCOMING OR CONTINUING STUDENT		
Please mark your preference	w/ an "X" *Prefe	rences will be	considere	d, not gu	aranteed			
Room Type Being Requested:		Single Room (\$2	2,990 per s	emester,	seniors are giver	n first priority f	or single ro	oms)
		Double Room (v	vith 1 room	mate, \$1,	495 per semeste	er)		
		Triple Room (wi	th 2 roomm	ates, \$1,1	196 per semeste	er)		
Please circle your answers to	assist in the room	mate selection	process					
Have you ever shared a room v	with another person	before? Y	N	Are yo	ou a smoker?		Υ	N
Do you consider yourself an outgoing person?		Υ	N	N Do you mind living with a smoker?				N
Your musical tastes are:	Jazz	Rock	R&B		Country	Religious	3	
	Punk	Pop	Rap		Classical	Latin		
How would you describe yourself?		Morning Pers	son	or	Night Owl			
		Heavy Sleep	er	or	Light Sleeper			
		Very Neat ar	ery Neat and Tidy or Not so		Not so conce	concerned with neatness		
		Quiet and Re	served	or	Life of the Pa	rty		
When you study you prefer:	Absolute Qui	Absolute Quiet Some Noise Study with TV or						
Specific Roommate Request	s*NOT guarantee	d, but requests	will be co	nsidered				
FULL NAME OF REQUESTED ROOMMATE	(Please Print)							
REQUESTED ROOMMATE'S PHONE			REQUESTED ROOMMATE'S EMAIL					
I certify that I understan	d that this form is cons	idered incomplete	until the \$50	0 housing o	leposit (for new re	sidents only) is	received.	

Student Signature_ Date_