

# Wheaton College New Exchange Student Housing Survey

Please submit this form to [stevens\\_desnee@wheatoncollege.edu](mailto:stevens_desnee@wheatoncollege.edu)

## This form is only for international students participating in an exchange program at Wheaton College.

We will use this information to give to Residential Life to best match you with a roommate. You should expect all students will have at **least** one roommate, and in some case two. It is VERY important that you answer all questions honestly. All information will be considered confidential.

All new students will receive a roommate of the same gender. However, under our Gender Neutral Housing Policy you may choose to live with someone of a different gender. You may identify a specific roommate below.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age as of August 24th, 2021: \_\_\_\_\_

Do you smoke? (Note all residence halls are smoke free) Yes/No

**Rate the following**      1- best describes you      5 least describes you

I am a night owl      1                      2                      3                      4                      5  
(Stay up past midnight almost every night)                      (Go to bed before midnight)

I am an early bird      1                      2                      3                      4                      5  
(Usually get up before 8am)                      (Never get up before 8am)

I prefer to study in my room in relative quiet      1                      2                      3                      4                      5  
(Outside distractions be kept to a minimum)                      (Phone conversations, music, guest do not bother me)

I am a neat freak      1                      2                      3                      4                      5  
(I keep my space clean and I want my roommate to do the same)                      (I am messy and in general messes do not bother me)

Overnight Guests      1                      2                      3                      4                      5  
(I do not mind overnight guests)                      (I prefer that we do not allow overnight guests in our room)

What other considerations would you like to let us know about assigning your roommate (s)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you have any medical concerns or disabilities which would affect your residence hall placement, please let the Exchange Student Coordinator know.**