

Name \_\_\_\_\_ Freshmen  Transfer  Non Traditional   
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## RANDOLPH-MACON COLLEGE

2008-2009

Please complete the information on both sides of this form.

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Last First Middle

Preferred Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY

E-mail Address \_\_\_\_\_ @ \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Father's/Guardian's name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address (If different) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_

Mother's/Guardian's name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address (If different) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_

### General Housing Information

- A. It is VERY IMPORTANT for the student to fill out their own housing information form. It is imperative that we receive accurate housing information so that we can assign roommates appropriately.
- B. Housing assignments are made in this order 1.) Presidential Scholars by date paid 2.) All other students by date paid. Date paid is referring to your reservation deposit paid to the College.
- C. If you have special needs (medical or any other) that require special housing accommodations please contact the Office of Disability Support Services ([DSS@rmc.edu](mailto:DSS@rmc.edu) or 804-752-7343). Requests must be made by June 1<sup>st</sup> in order to be taken into consideration.
- D. Randolph-Macon College is a residential college. This means that all students are required to live on campus. Students living at home must complete an off-campus waiver. Please indicate you are living at home on the other side of this form. All incoming traditional freshman are required to live on campus unless living with a parent or guardian.
- E. All residence halls are smoke free. Students wishing to smoke must do so outside of the residence halls.
- F. All residence halls are air-conditioned with the exception of Mary Branch Hall.
- G. Please provide your preferences on the back of this form. Please remember that the College uses student preferences to make the best possible assignment; however preferences are not guaranteed.

Questions, please call the Office of Residence Life at (804) 752-4722 or FAX (804)752-3763 or email [residence\\_life@rmc.edu](mailto:residence_life@rmc.edu).

**RETURN THIS FORM BY July 4, 2008:**

OFFICE OF RESIDENCE LIFE AND HOUSING  
RANDOLPH-MACON COLLEGE  
PO BOX 5005  
ASHLAND, VA 23005

**Students: Please go to the back of this form and fill out completely.**

Name \_\_\_\_\_

It is important that you answer the following **honestly** so that we can place you with a compatible roommate.  
Please do not have your parents/guardians fill out this form.

1. **What is your classification?**  Freshman  Transfer  Non Traditional
2. **Do you plan on living on or off campus?**  On-campus  Off-campus  
If you are going to be living off campus with a parent or guardian contact the Office of Residence Life and Housing at 804-752-4722 about receiving an off campus waiver. You can also email Katie Thorne at [katiethorne@rmc.edu](mailto:katiethorne@rmc.edu) to receive one via email. (If living with a parent or legal guardian please do not continue filling out the form.)  
**If you are going to live on campus, do you plan on going home often on the weekends?**  
 Yes (more than 2 weekends a month)  No
3. **Which type of residence hall do you prefer?**  Coed  Single Sex
4. **I have the following roommate preference:** \_\_\_\_\_  
(Write the student's full name, both students must indicate the preference to live together by June 13, 2008)
5. **I play or am planning to play a varsity sport**  yes  no  
**If so, what sport?** \_\_\_\_\_  
**Do you prefer to room with another athlete?**  yes  no
6. **Are you a smoker? (PLEASE ANSWER HONESTLY)**  yes  no  
**If not, can you live with a smoker?**  yes  no  
(Though all residence halls are smoke free, this is important to roommates who may have allergies or other health concerns because of smoke on roommate's clothing, etc.)
7. **What kind of music do you listen to most?** \_\_\_\_\_
8. **Which sleep pattern best describes you?** Please select all the apply  
 Night Owl (stay up late past 12am before going to bed)  
 Early Bird (I try to be in bed before 11pm)  
 Afternoon Napper (I need quiet times during the day to take naps in my room)
9. **I prefer to study:**  Listening to music/watching TV  in silence  I don't prefer either way  
**I prefer to study:**  During the day  Mostly at Night  On weekends
10. **What are your hobbies?**  Sports  Theatre  Student Leadership  Outdoor Activities (Camping, biking, etc.)  Reading  Other \_\_\_\_\_
11. **What are your views on cleanliness? IT IS IMPORTANT THAT YOU ANSWER HONESTLY**  
**On a scale of 1 – 7:** \_\_\_\_\_ (1 = Neat Freak & 7 = Messy)  
**What are your views on sharing personal belongings? IT IS IMPORTANT THAT YOU ANSWER HONESTLY**  
**On a scale of 1 – 7:** \_\_\_\_\_ (1 = Let's Keep Things Separate & 7 = What's Mine is Yours)
12. **What are your views on visitation/guests in the room (friends "dropping in", overnight guests, etc.)?**  
**On a scale of 1 – 7:** \_\_\_\_\_ (1 = Strongly Disapprove & 7 = Extremely Tolerant)
13. **What are your views on guests of the opposite sex (specifically) staying overnight?**  
**On a scale of 1 – 7:** \_\_\_\_\_ (1 = Strongly Disapprove & 7 = Extremely Tolerant)
14. **What are your views on alcohol?** (Remember that it is illegal in the Commonwealth of Virginia for those under 21 years of age to consume alcohol.) **IT IS IMPORTANT THAT YOU ANSWER HONESTLY**  
**On a scale of 1 – 7:** \_\_\_\_\_ (1 = Strongly Disapprove & 7 = Extremely Tolerant)
15. **How do you deal with conflict:**  I am non-confrontational  I like to talk about the problem directly to the other person involved  I need a few days to cool off before I handle the conflict

\*From the above preferences, which is most important to you (write the number 3-15) \_\_\_\_\_

Thank you!