

RESIDENCE HALL REQUEST

SAINT LOUIS CHRISTIAN COLLEGE

Name: _____ Semester: ☐ Fall ☐ Spring Year: _____

Address: _____

(CITY)

(STATE)

(ZIP)

Phone Number: (____) _____ - _____ E-mail: _____

Date of Birth: ____/____/____

The following questions are designed to give us some information about you, and to pair you with a roommate, if applicable.

1. Hours of sleep I typically require:

☐ 3-4 ☐ 5-6 ☐ 7-8 ☐ 9 or more

2. My usual time to go to bed this past year was:

☐ 10:00 p.m. ☐ midnight ☐ later

3. I consider myself to be:

☐ an early riser ☐ easy to awaken ☐ someone who has to set 3 alarm clocks
☐ someone who thinks the day starts at noon

4. When I first get up in the morning, I am:

☐ a total grouch ☐ unconscious ☐ ready to face the day!

5. As to how I like to keep my room:

☐ I am a very neat person ☐ I don't mind a little clutter ☐ I'm a real slob

6. My favorite style of music is:

☐ Contemporary Christian ☐ R&B ☐ Hard Rock ☐ Country
☐ Classical ☐ Jazz ☐ Gospel ☐ I never listen to music!

7. In high school (or previous college), I was involved in the following activities:

8. In high school (or previous college), I was an A B C D student (choose one).

9. In college, I plan to study:

☐ 1 hr per day ☐ 3 hrs per day ☐ on the weekends

10. I am planning to look for an off-campus job: ☐ yes ☐ no

THIS FORM IS TO BE COMPLETED AND RETURNED BEFORE ADMITTANCE FOR RESIDENCE HALL STUDENTS ONLY