

ROOMMATE QUESTIONNAIRE

If you will be looking for a roommate when you arrive in Milwaukee, and would like to be included in the Student Housing Book as seeking a roommate, please fill out this questionnaire and return it to the address listed below as soon as possible or fax it to Dr. Haldemann at (414) 955-0120:

Sue A. Haldemann, Ph.D. - Coordinator of Student Support Services
Medical College of Wisconsin
8701 Watertown Plank Road
Milwaukee, WI 53226

(Please type or print legibly)

Name: _____ E-mail Address: _____

Hometown: _____ Undergraduate Institution: _____

Phone number where you can be reached during the summer: _____ until: _____ (date)

Best time of the day to call: _____

Medical Student or Graduate Student (circle one): 1stYearMED 2ndYearMED 3rdYearMED GRAD

Do you have an apartment in Milwaukee at the present time? _____

If YES,

Give the address of the apartment: _____

How many roommates do you need? _____

What would be each person's share of rent and utilities? _____

Which utilities are included? _____

Is parking available? _____ Indoor? _____ Are there laundry facilities? _____

Other amenities: _____

If NO,

How many roommates do you need? _____

How much would you be able to spend on rent and utilities? _____

Do you have a preference for living with males or females? _____ If so, what is your preference? _____

Are you a smoker? _____ Do you care if your roommates smoke? _____ If their guests smoke? _____

What are your hobbies or other interests? _____

What qualities are you looking for in a roommate? _____

Does it matter to you how far you live from school? _____ If so, what is the furthest distance that you would consider living from school? _____

Would you like to prepare meals as a group or alone? _____

How important is it to you that the house be kept neat? _____

Do you mind any pets? _____ Are you allergic to any pets? _____ If so, what kind? _____

Will you be bringing any pets? _____ If so, what kind? _____

Would you mind if your roommate had his/her girlfriend/boyfriend spend the night? _____

Do you plan on keeping the same apartment over the summer for the following year? _____

How important is it to you to interact with your roommate on a personal (brotherly or sisterly) basis? _____

Do you listen to music or watch television a lot? _____

Would it bother you if your roommate listens to music or watches television a lot? _____

Any other comments? -

The roommate list is a listing of incoming freshmen medical and graduate students looking for roommates. It is provided to help you locate and contact others in your class, it is not a roommate matching service.

If you find a roommate, please contact our office so that your classmates will not waste valuable time and money trying to reach you (414) 955-8366.

Before you agree to live with anyone, be sure to discuss the questions on the Roommate Questionnaire to increase your chances of finding a compatible roommate.

Please provide your summer mailing address.

Name: _____

Address: _____

You will be given access to the scanned Roommate Questionnaires upon receipt of your questionnaire.