

**For Office Use Only**

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Deposit Date:  
Hall & Room Assignment:

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**Wesleyan College Housing Application & Roommate Placement Survey**

Application for term beginning: \_\_\_ Fall '14 \_\_\_ Spring '15

Status: \_\_\_ First Year \_\_\_ Exchange  
\_\_\_ Freshman Transfer \_\_\_ Upper Class Transfer

**Applicant Information**

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address (please include zip code):

\_\_\_\_\_

Social Security No: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Residence Hall and Roommate Preference**

**Please note: Indication of a building or room type preference is not a guarantee. Housing assignments are made using the date your enrollment fee of \$400 is received.**

**Hall Preference (Please rank top 2 or 3 choices):**

First Year/Freshman Transfer Students:

**Banks:** \_\_\_ 1st floor \_\_\_ 2nd floor \_\_\_ 3rd floor

**Worham:** \_\_\_ 1st floor \_\_\_ 2nd floor \_\_\_ 3rd floor

Upper Class Transfer/Exchange Students:

**Hightower:** \_\_\_ Ground \_\_\_ 1st floor \_\_\_ 2nd floor \_\_\_ 3rd floor

**Persons:** \_\_\_ 1st floor \_\_\_ 2nd floor \_\_\_ 3rd floor

**Jones:** \_\_\_ 2nd floor \_\_\_ 3rd floor

**Do you have any needs that might require special placement (i.e. physical disability, allergies, etc.)? Yes  No**

If Yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please note that Wesleyan will require documentation from your physician in order to make an official housing accommodation. All accommodation paperwork must be submitted to Christy Henry, Director of the Academic Center no later than May 1 for priority consideration.)

**Roommate or Private Room**

I prefer to have a roommate

I prefer to have a specific roommate, name of preferred roommate\*: \_\_\_\_\_

(\*Requests for preferred roommate must be mutual and in writing)

I am interested in having an international student assigned as a roommate

I prefer to have a private room at the additional cost of \$500 per semester

All students are required to live on campus except those who reside with immediate family members who are residents in the Macon area. If you live with your immediate family in the Macon area and do not plan to live on campus, you must fill out a "Change of Resident Status" form and be approved for non-resident status. Wesleyan is committed to helping students learn tolerance and respect for differences in roommates and others: this is essential for successful community living. Wesleyan does not discriminate on the basis of race, color, national and ethnic origin, age, religious preference, creed, sexual orientation, or disability.

**Please return this form immediately to:  
Office of Admissions, 4760 Forsyth Road  
Macon, GA 31210-4462**

**Questions regarding this application can be directed to  
Stefanie Swanger, Director of Residence Life, at 478-757-5215**

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**Roommate Placement Survey**

All applicants must fill out this section completely regardless of housing type preferences selected on the front of this form. The answers to the following questions will assist in matching you with a compatible roommate. Your responses will remain confidential.

**Part One: All About You**

- Where do you expect to study?  your room     the library     other(study lounge)
  - How many hours a day do you expect to study? \_\_\_\_\_ hours
  - How do you prefer to study?  in quiet     with some background noise     with music/TV
  - When do you plan to study?  mornings     afternoons     evenings
  - When do you prefer to go to bed?  before midnight     about midnight     after midnight
  - What is the condition of your room at home?  cluttered     fairly neat     very neat and orderly
  - How do you prefer your room climate?  warm     cold     open-windows
  - Are you a ... ?  Heavy Sleeper     Light Sleeper
  - Do you smoke?  yes     no
- (\*\*Smoking is not allowed in Wesleyan facilities. Students may smoke in designated areas outside each building)

**Part Two: Personal Activity and Musical Preferences**

<b>Please indicate your participation in the following activities</b>				<b>What Types of Music to you Listen to?</b>
	<b>Often</b>	<b>Occasionally</b>	<b>Never</b>	
Attend or Rent Movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rock
Attend Cultural Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Top 40
Listen to Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rap
Go Out with Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Country
Attend Sporting Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Alternative
Participate in Volunteer/Service projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Classical/Jazz
Blogging, Online Activities or Gaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Contemporary Christian Music
				<input type="checkbox"/> Other _____

**Part Three: Additional Information**

**What are your hobbies, interests, activities?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please include any additional information you would like to tell us:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_