NEW STUDENT HOUSING QUESTIONNAIRE

Congratulations on your admission to Pine Manor College! We are excited to plan for your arrival on campus and your orientation to the PMC community. Please take some time to complete the following form. Questions about PMC Housing and Residence Life can be emailed to the address at the bottom of the page.

Your housing assignment and roommate information will be emailed in early August (or early January for mid-year admission). Please be sure to notify Residence Life and PMC Admissions if your contact information changes (ResidenceLife2@pmc.edu).

Name: __________________________________________________________________________________________

Date of Birth: __________________________________________________________ Gender: □ Female □ Male

Permanent Address: ______________________________________________________

Phone number where we may best reach you: __________________________ Email: ______________________

Housing plans: □ I request on-campus housing for the academic year.

□ I plan to live off-campus.

To help us best match you with a roommate, PLEASE CIRCLE ALL THAT APPLY:

1. Student Status: □ FIRST YEAR □ TRANSFER

2. Are you a smoker? □ YES □ NO (please note that all residence halls are non-smoking as per Brookline Town Ordinance)

3. Would you be willing to live with a smoker? □ YES □ NO

4. I usually study in: □ MY ROOM □ LIBRARY □ OTHER LOCATION

5. I usually keep my room: □ MESSY □ NEAT □ AVERAGE

6. I am usually: □ VERY OUTGOING □ QUIET □ SOCIAL □ STUDIOUS

7. I usually go to bed: □ BEFORE 10PM □ BETWEEN 10PM & MIDNIGHT □ AFTER MIDNIGHT

8. Would you describe yourself as a: □ HEAVY SLEEPER (noise, music, ringing of phones do not bother me)

□ LIGHT SLEEPER (I wake to just about anything)

9. I plan to have overnight guests: □ ON THE WEEKENDS ONLY □ ONCE A WEEK □ MAXIMUM OF TWICE A WEEK

10. The top 3 ways I like to spend my time are:

□ ATTENDING PARTIES □ ATTENDING SPORTING EVENTS □ READING □ BEING BY MYSELF □ ATTENDING SOCIAL EVENTS

□ BEING WITH FRIENDS □ WORKING ON A HOBBY □ PLAYING A SPORT □ OTHER: __________________________

11. What on-campus activities do you plan to be involved in?

□ ATHLETICS □ INTRAMURAL SPORTS □ ACADEMIC/MAJOR RELATED CLUBS □ CULTURAL CLUBS □ PERFORMANCE GROUPS

Office of Residence Life • Campus Center – 2nd floor • 400 Heath Street, Chestnut Hill, MA 02467 • ResidenceLife2@pmc.edu
12. *What is most important to you regarding your living space? For example, your roommate, that you're able to study effectively, guests in your room, etc.*

_________________________________________________________________________________________
_________________________________________________________________________________________

13. *How would you describe yourself to a potential roommate?*

_________________________________________________________________________________________

14. *What type of relationship do you expect to have with your roommate?*

☐ CLOSEST FRIEND  ☐ GET ALONG ☐ FIND FRIENDS ELSEWHERE

15. *Do you have any physical or medical conditions which would affect your housing assignment* (i.e. allergies, limitations of mobility, etc.)?  YES  NO

*If YES, please explain:

_________________________________________________________________________________________
_________________________________________________________________________________________

*Please note that students who may need a medical accommodation to their housing arrangement should complete the Housing Accommodation Form found at: [http://www.pmc.edu/Websites PMC/Images/health_wellness/HousingAccReq.pdf](http://www.pmc.edu/Websites/PMC/Images/health_wellness/HousingAccReq.pdf)

16. *May we have permission to release your phone number and email address to your roommate?*  YES  NO

17. *Specific roommate request: ____________________________*

_________________________________________________________________________________________
_________________________________________________________________________________________

*By submitting this form, I acknowledge that the above information is accurate. I acknowledge that the Office of Residence Life will use this information to match me with a roommate. Furthermore, I am aware that Pine Manor College is a substance-free community and a community of respect, and I agree to abide by the policies and standards of the institution.*

Signature: ____________________________  Printed Name: ____________________________  Date: ________________