

WSU SCHOOL OF MEDICINE

HOUSING & ROOMMATE/APARTMENT MATE INFORMATION REQUEST FORM

Please fill out this sheet and include any special considerations you might have regarding a roommate. Return this form to Ms. Tracey Eady, Student Organizations Office, Room 1369 Scott Hall. **This form must be received by the deadline of June 1st to be included in the Roommate Exchange Program List.** (There will be two booklets depending on the date of acceptance, those included in the first booklet will not necessarily be in the second booklet unless notified that no roommate has been found)

PLEASE PRINT CLEARLY:

Male _____ Female _____ Class of _____

Name _____

Address _____

Phone Number () _____ Email Address _____

*Summer Address: (if different from above address) * After this date: _____

Name _____

Address _____

Phone # () _____ Email Address _____

1. _____ I would like a WAYNE STATE UNIVERSITY OF MEDICINE HOUSING INFORMATION PACKET.
2. _____ I would like to be included in the WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE ROOMMATE/APARTMENT MATE LISTING and **authorize the inclusion of my name, address, phone number, email address and the information provided on the reverse side of this form to be included in the WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE STUDENT ROOMMATE/APARTMENT MATE DIRECTORY.** Students are responsible for finding their own roommate/apartment mate.

Signature

Information to be included in the Roommate/Apartment Mate Directory.

Roommate Preference: Male _____ Female _____

Looking for Housing : Yes _____ No _____

Need Roommate to Share Yes _____ No _____

Currently Have Housing: Yes _____ No _____

Need Roommate to Share Yes _____ No _____

Location: _____

CHECK ALL THAT APPLY:

_____ **Have a personal computer**

_____ **Have a T.V.**

_____ **Have a CD tape player**

_____ **Prefer a non-smoking roommate**

_____ **Have a car**

_____ **Follow a vegetarian diet**

_____ **Have a pet**

_____ **Prefer studying in a library**

_____ **Interested in a cross-cultural living experience**

_____ **Expect to have overnight guests**

_____ **Get up early (6:00 A.M.)**

_____ **Study late (after midnight)**

Other Considerations/Comments _____

RETURN COMPLETED FORM June 1st

Attn: Tracey Eady • WSU School of Medicine • Student Organizations •

1369 Scott Hall • 540 East Canfield Detroit, MI 48201

Please contact Tracey Eady at teady@med.wayne.edu when you have found a roommate so that your name will be removed from the roommate booklet.