

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 May 1, 2006 to be included in the Roommate Exchange Program List.**

**PLEASE PRINT CLEARLY:**

Male \_\_\_\_\_ Female \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**\*Summer Address: (if different from above address) \***

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.**

\_\_\_\_\_ Male

\_\_\_\_\_ Female

Class of 200 \_\_\_\_\_

**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)

**Roommate Preference:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Currently Have Housing:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Need Roommate to Share** Yes \_\_\_\_\_ No \_\_\_\_\_

**Location:** \_\_\_\_\_

**Looking for Housing :** Yes \_\_\_\_\_ No \_\_\_\_\_

**Need Roommate to Share** Yes \_\_\_\_\_ No \_\_\_\_\_

**Other Considerations/Comments** \_\_\_\_\_

**RETURN COMPLETED FORM BY MAY 1, 2006.**

**WSU School of Medicine • Student Organizations • 1369 Scott Hall • 540 East Canfield Detroit, MI 48201**

**Please contact Tracey Eady at [teady@med.wayne.edu](mailto:teady@med.wayne.edu) when you have found a roommate so that your name will be removed from the roommate booklet.**