



ACCOMMODATION Lifestyle Preference

Note: This section is important for us to match your roommate(s). Please read and complete this form carefully.

Student Name:
(Last Name) (First Name)

Student ID: **Date of Birth:** ____/____/____
Day Mo Yr

Gender: Male Female

1. Which course are you studying at the IMU?
2. **Special medical conditions:**
3. Do you prefer a quiet environment? Yes No
4. Is a neat room important to you? Yes No
5. When are your normal study hours?
6. Do you study with stereo, TV or radio on?
7. Please state your music preference:
8. Would you prefer your roommate(s)/housemates to be:
 1st year student 2nd year student 3rd year student
9. Are you an early or late riser?
10. What time do you normally go to bed?
11. Are you going back to your hometown most weekends? Yes No
12. Please indicate your interests and activities (sports, hobbies, etc).
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13. Please state your roommate preference (if any):
14. If you wish to stay with your friends/relatives, please state his/her address:
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15. What is of major importance to you concerning your roommate?
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