

COMPATIBILITY PREFERENCES

All new students will have a roommate. To improve the chances for compatible matching, we have found it helpful to have the following information. Please check your responses to the questions below:

- Do you smoke? Yes No
- Do you object to a roommate who smokes? Yes No
- Is neat housekeeping an important factor to your peace of mind? Yes No
- Do you have to have absolute quiet to study? Yes No
- Do you consider yourself a "day" person (early to bed, few late night activities)? Yes No
- Would you prefer a roommate who seldom or never drinks alcohol? Yes No
- What is your favorite type of music? Top 40 Hard Rock Country
 Alternative Rap Other

If you have a particular person with whom you would like to room, or you wish to express a preference as to the type of roommate desired, please indicate your wishes: _____

Although we cannot guarantee all requests and preferences, we will do our best to provide you with a good living situation, and the information you provide will be helpful. Thank you.

PARENT/GUARDIAN INFORMATION

Name: _____
Last First Middle

Address: _____
Street or Box #

City State Zip Phone # _____

MEDICAL HISTORY

Have you ever been under continuing medical treatment for a physical or emotional condition or disability (epilepsy, eating disorder, chemical dependency, depression, etc.)? Yes No (If yes, please attach statement.)

EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN

Please give the name, address and telephone number of someone, other than parent or guardian, who can be notified in the case of an emergency.

Name: _____
Last First Middle

Address: _____
Street or Box #

City State Zip Phone # _____

Please return this completed form to:
Office of Admission, Ripon College, P.O. Box 248, Ripon, WI 54971-0248