



O.C.S.S. SUMMER WORKSHOPS 2009

Roommate Matching Form



This *Roommate Matching Form* will be included in a directory of Emerson students who are searching for off-campus housing. It provides a link to speak, write, email, fax or meet fellow students who are also searching for off-campus housing. By filling out this form you can maximize your ability to let other Emerson students know what you are looking for in a roommate. If you have any questions, contact the Office of Off-Campus Student Services at (617) 824-7863. Please fill this form out and return it to: Emerson College Office of Off-Campus Student Services, 120 Boylston St. Boston MA 02116 or Fax to : (617) 824-7865 **PLEASE PRINT CLEARLY**

NAME: _____

ADDRESS: _____

E-MAIL: _____ PHONE: (____) _____ FAX: (____) _____

THIS INFORMATION IS VALID UNTIL: _____

ABOUT MYSELF (CHECK / FILL IN THE BLANK WHERE APPLICABLE):

AGE: _____ YEARS

GENDER: MALE _____ FEMALE _____

PETS: I HAVE A PET: _____ TYPE OF PET: _____ I DON'T HAVE A PET: _____

SMOKING: SMOKER _____ NON-SMOKER _____

TRAITS ETC.: FRIENDLY _____ NEAT _____ LOUD _____ QUIET _____ STUDIOUS _____ SOCIAL _____

AREA OF STUDY _____

YEAR: 1st _____ 2nd _____ 3rd _____ 4th _____ GRADUATE STUDENT _____

NUMBER OF PEOPLE YOU ARE WILLING TO LIVE WITH _____

QUALITIES THAT I LOOK FOR IN A ROOMMATE:

AMOUNT/RANGE OF RENT YOU ARE WILLING TO PAY PER MONTH \$ _____

GENDER: MALE _____ FEMALE _____ NO PREFERENCE _____

AGE RANGE: _____ -- _____ YEARS NO PREFERENCE _____

SMOKING: SMOKER _____ NON-SMOKER _____ NO PREFERENCE _____

TRAITS ETC.: FRIENDLY _____ NEAT _____ LOUD _____ QUIET _____ STUDIOUS _____ SOCIAL _____

AREA OF STUDY _____ NO PREFERENCE _____

PLEASE USE THE FOLLOWING SPACE TO PROVIDE FURTHER DETAILS ABOUT YOURSELF.

I give the Office of Off-Campus Student Services permission to release this information to fellow Emerson College students who are also searching for roommates and apartments.

Signature

Date



O.C.S.S HOUSING WORKSHOPS RESPONSE FORM

EMERSON COLLEGE

SUMMER 2009

I wish to attend the Summer Housing Workshops on: ___ June 5 ___ June 19 ___ July 10

Thank you for your interest in the OCSS Housing Workshops! In order to assist you with our roommate matching services we ask that you fill out the information on the back of this form and return it to us by the dates listed below. If you are unable to attend the workshops but still would like your information distributed to potential roommates please let us know by checking the box below! We look forward to meeting you at the workshop and encourage you to visit our website for helpful information in the meantime!

www.emerson.edu/offcampus_housing

I will not be attending, but am looking for a roommate and would like my information to be given to prospective roommates.

ONE LAST THING!

Feel free to bring your parents/guardians/with you as we do have a break out session to answer their questions.

We will be providing a buffet style lunch for you!

I will be attending and bringing ___ people with me.
___ Total number of vegetarians

Please fill this form out and return it to:
Emerson College Office of Off-Campus Student Services, 120 Boylston St.
Boston MA 02116
or Fax to : (617) 824-7865

Please Respond By: May 29th for the June 6th workshop
June 12th for the June 19th workshop
July 3rd for the July 10th workshop

**PLEASE TURN OVER —>
FOR ROOMMATE
MATCHING FORM**