



SAINT MARY'S
UNIVERSITY SINCE 1802

One University. One World. Yours.

Room Placement Card

Male Female

Student No.

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Surname (Family)	First Name	Second Name
Hometown (City)	Province/State	Country
Medical conditions or special needs (if any)		Birthdate (MM/DD/YY)
E-mail Address		Year of study (1st, 2nd...)
<i>Please complete reverse side</i>		

	Please indicate your preferences below
<p>A. Please rank ALL options from 1-5 (with 1 as your 1st choice):</p> <p>Loyola: <input type="checkbox"/> Double <input type="checkbox"/> Single</p> <p>Vanier: <input type="checkbox"/> Double <input type="checkbox"/> Single</p> <p>Rice: <input type="checkbox"/> Double</p> <p>B. Specific room preference: _____</p> <p>C. List roommate preferences and other relevant information:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>Same-gender Floor</p> <p><input type="checkbox"/> Prefer <input type="checkbox"/> Accept <input type="checkbox"/> Not Interested</p> <hr/> <p>Quiet Floor</p> <p><input type="checkbox"/> Prefer <input type="checkbox"/> Accept <input type="checkbox"/> Not Interested</p> <hr/> <p>International Floor</p> <p><input type="checkbox"/> Prefer <input type="checkbox"/> Accept <input type="checkbox"/> Not Interested</p> <hr/> <p>Tidiness of Room</p> <p><input type="checkbox"/> Very Neat <input type="checkbox"/> Neat <input type="checkbox"/> Don't Care</p>