

Room Selection Form

Name: _____

Fall Spring Year: _____

Top 3 Room Choices:

1. _____
2. _____
3. _____

Top 3 Roommate Choices:

1. _____
2. _____
3. _____

Top 3 I will move out if I have to live with them Choices:

1. _____
2. _____
3. _____

Please note any special concerns or ideas on the back of
this form.

