



International Students Roommate Assignment Form 2009-10

A bed space cannot be reserved until all information is complete. CSUSB will assume you have no preference if any particular section is left blank. CSUSB does not take any responsibility for information that is filled out incorrectly. Reminder: Payments collected will be posted to the balance on your student account

1. Personal Information (Please Print)

Name: _____
Last First MI Coyote ID

CSUSB Class Standing: Freshman Sophomore Junior Senior Graduate Major: _____

Are you: International Student Program? Yes Indicate ISS or IEP No

What was the deciding factor in your decision to live on campus?
 Affordable cost Convenience/Proximity to Campus
 Live near friends Amenities (furniture, utilities)

Have you ever been convicted of a felony? Yes No

2. 12 Month -Housing begins June 2009 to June 2010. (Available only in June)

Year round housing requires completion of a 1 year contract. Upon completion of their stay in Housing, resident will receive a credit of their last months installment to their student account at the end of their contract (June).

Will you need year round housing? Yes * No

** (You will be placed in a designated hall/apartment for year round students and will override any hall preferences indicated in No. 3*

3. (Select 2 choices by indicating 1, or 2 in order of preference). Applicants should choose a standard option to ensure best availability. Premier waiting lists are maintained for completed applications and are based on a complete application date.

Do you give us permission to assign you to your second preference if first is unavailable? Yes No

Arrowhead Village: Standard (Greatest Availability/Best Value): 4 bdr/ 2 bath(A or D Room)
 4 bdr/ 2 bath(B or C Room)

4. Roommate Selection

Name(s) of preferred roommate(s) and Coyote ID # of Roommate (required) to verify acceptance. All roommates requested must be mutual consent and received and completed concurrently.

1. Roommate Name _____ Coyote ID# _____
Last First

2. Roommate Name _____ Coyote ID# _____
Last First

3. Roommate Name _____ Coyote ID# _____
Last First

I would prefer an area with (Check **one** in each category):

Noise Level Minimum noise and activity Lots of social interaction Either noise is okay
Sleeping Habits On school nights I go to bed before midnight
 On school nights I go to bed after midnight

Cleanliness Messy Average Neat and Clean
Study Habits I can study with noise nearby
 I like quiet for studying

Will you have overnight guests? Yes No

Do you mind if your roommate has overnight guests? Yes No

Are you interested in getting involved with student leadership? Yes No

Would you like to live with a student leader? Yes No

Do you smoke? Yes No Do you mind if your roommate smokes? Yes No

Note: Smoking is not permitted in Serrano Village, Arrowhead Village, or University Village.

5. Person to Notify in Case of Emergency. This information will be shared in the event of an emergency.

Do you give permission to share this information in the event of an emergency? Yes No

Name: _____

Home Phone: (____)____-_____

Work Phone: (____)____-_____

Relationship: _____

Cell Phone: (____)____-_____

Address: _____
Street City State Zip Code

Do you require special accommodations? Yes No

If yes, please describe your situation: _____

For further assistance, contact Services to Students with Disabilities, at (909) 537-5238.

6. Health Insurance Coverage (please choose one)*CSUSB regulations require all residents to have a personal health and accident insurance coverage. *

- I have health and accident insurance coverage with company _____, policy number _____
Within 10 days of occupancy I will purchase the group insurance policy, available to CSUSB students. Information available upon request.
- _____

If at any time, the Licensee's personal insurance does not provide adequate financial coverage for initial medical expenses, the Licensee agrees to be financially responsible for medical expenses including charges for ambulance or related services.

7. Public Disclosure Information

I give the Office of Housing and Residential Life the permission to release my on campus phone number and address if requested by others.
 Yes No