Personal Preferences

Directions: Complete this for m to identify your likes, dislikes, expectations, and preferences. Check the

appropriate boxes and fill in the blanks as necessary. Prioritize which issues are important and not important

to you.

NOISE

NOISE BOTHERS ME WHEN:

__ _ I am sleeping. I usually sleep from __________ to _________ __. I am a ___ _ morning / _ ___ night

person.

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GUESTS භ Short term guests can be signed in an unlimited number of times. Residents may host no more 
than 2 SHORT TERM guests at any one time. භ SHORT TERM GUESTS become LONG TERM GUESTS at 2:00 AM in all residence halls. භ Long term guests can stay no more than 3 CONSECUTIVE NIGHTS, and a resident cannot have more 
than 10 OVER NIGHTS IN ANY ONE-MONTH PERIOD. Residents may host no more than 2 LONG 
TERM guests at any one time without a guest policy exception form. 
Short Term guests: __ allowed __ not allowed ___ allowed with restrictions: 
__________________________________________

OTHER ROOM PREFERENCES

__ __________ ___ _________ __________ ____________ ______ ____________ ___________ __________

__ __________ ___ _________ _____ ___________ __ _____ ____ ____ ____ __ __.