

Housing Preference Form

OFFICE OF STUDENT LIFE 503.375.7010 503.585.4316 fax studentlife@corban.edu					Office U	se Only	Date Form Rece	ived//	//_ Date Housing Fee Paid//_	
Semester: Status: If transfer o Gender:	☐ Fall ☐ Freshman r readmit, class s ☐ Male	_	_	e-admit	⊒ Jr] Sr				
Name						Prefe	erred name (if differ	ent)		
Height			В	rthdate				Age		
Home Addr	ess									
City			State _		Zip (Code		C	ountry	
Home Phon	e Number ()				Cell	Number ()		
Home e-ma	il									
Roommate	Preference (mus	t be a mutual r	request) _							
Residence H	lall preference(s)									
									ice availability into co o accommodate you	
Meal plan	preference will	be determine	ed at Orie	ntation. Yo	u will be gi	ven the o	pportunity to cha	nge your meal pla	in for 10 days followi	ng Orientation.
one of the	tion of having numbers. The	number tha	t you circ	le represen	its the deg	ree to wl	importance it has hich the statemer	for you. Respon nt is characteristic	d to the statements of you. These will b	by circling be used in
					Neve	r	Occasionally	Often	Always	
1. I need a	quiet, organized	environment i	n which to	study.	1		2	3	4	
2. I tend to	go to bed before	e 11 p.m.			1		2	3	4	
3. I keep my	y room very clea	n.			1		2	3	4	
4. I like havi	ing people in my	room to socia	lize with.		1		2	3	4	
Of the previ	ious four statem	ents, which is i	most impo	rtant to you	?					
Studyi	being lowest pri ng Interaction	ority and 5 bei	ng highes	t priority)						
Develo	ping strong rela	tionships withi	n the dor	m						
Spiritu	al Development									
Keepir	ng busy with acti	vities								
What type o	of music do vou	listen to?								
	,									
-	our interests?									
Have you be	een recruited to	play a team sp	ort?	Yes	☐ No	If yes, w	hich one?			
Corban l					itudent Life					

Salem, OR 97317-9392