



*Independent Minds, Working Together*

## Residence Life & Housing Roommate Agreement

Living with someone else can present a challenge. Accept the challenge and work with your roommates(s) to create an environment conducive to study, relaxation, privacy, sleep, friendship, and FUN!

The limitation of space alone requires consideration by each party. Communication is the key and a little consideration goes a long way.

---

This is a working document of expectations set forth by the residents of \_\_\_\_\_ in \_\_\_\_\_ on \_\_\_\_\_.  
Room Number                      Residence Hall                      Date

By working through this document and signing at the end, you are establishing, with your roommates, the expectations for the upcoming academic year. This agreement can be updated at any time. This roommate agreement is to coincide with the rules and expectations set forth by the College of Wooster, The Scots Key and the Office of Residence life.

### Property

---

Will we be sharing the following items?

- |                   |                              |                             |                              |
|-------------------|------------------------------|-----------------------------|------------------------------|
| Television        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |
| Radio             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |
| Microwave         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |
| Refrigerator      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |
| Cleaning supplies | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |
| Food              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |
| Drinks            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |
| Computer          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |
| Game System       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |
| Clothes/Shoes     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |
| Toiletries        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |
| Other Items:      |                              |                             |                              |
| _____             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |
| _____             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |
| _____             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |

Additional Comments/Stipulations for property:

---

---

---

## Sleep & Studying

---

Do we want to establish study hours?  Yes  No

If yes, please list study day(s) and time(s)

---

---

---

While a roommate is studying...

Lights	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Television	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Computer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Music & other sound	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional comments/stipulations for when a roommate is studying

---

---

---

While a roommate is sleeping are we allowed to do the following?

Watch TV	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Listen to music	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lights on	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Desk light on	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Play video games	<input type="checkbox"/> Yes	<input type="checkbox"/> No

When is considered "too late" or "too early" to be disruptive?

Weekdays (Sun-Thurs)	Too Early _____	Too Late _____
Weekends (Fri-Sat)	Too Early _____	Too Late _____

Additional comments/stipulations for when a roommate is sleeping

---

---

---

## Cleanliness

---

What is our definition of "clean" and "neat"?

---

---

---

Our space will be kept  Clean  In Between  Messy

For cleaning, we will do the following

Mop \_\_\_ times per day/week/month/semester  
Do laundry \_\_\_ times per day/week/month/semester  
Take out the trash \_\_\_ times per day/week/month/semester  
Clean dirty dishes \_\_\_ times per day/week/month/semester  
Dust/Wipe down surfaces \_\_\_ times per day/week/month/semester  
Vacuum/sweep \_\_\_ times per day/week/month/semester

Additional comments/stipulations for cleanliness

---

---

---

## Visitors/Guests

---

- Do we allow guests in our room?  Yes  No  
Do we allow guests of the opposite sex?  Yes  No  
Do we allow guests of the same sex?  Yes  No

How many visitors can we have in the room at once? \_\_\_\_

Guests and visitors in our space are allowed to...

- |                              |                              |                             |                              |
|------------------------------|------------------------------|-----------------------------|------------------------------|
| Sit on the others bed        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |
| Use the others bed           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |
| Eat the others food/drink    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |
| Use the others gaming system | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |
| _____                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |
| _____                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |
| _____                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Ask |

What time do non-overnight guests need to leave by?

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_  
Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

For overnight guests...

- Do we allow overnight guests?  Yes  No  
Do we allow overnight guests of the opposite sex?  Yes  No  
Do we allow overnight guests of the same sex?  Yes  No

## Confrontation & Conflict Resolution

---

What will we do if a roommate is violating campus policies?

\_\_\_\_\_

\_\_\_\_\_

How will we address disagreements?

\_\_\_\_\_

\_\_\_\_\_

If someone violates this agreement, how will we address the situation?

\_\_\_\_\_

\_\_\_\_\_

We agree to the above items and understand that this contract may be re-negotiated at any time with the assistance of the Resident Assistant, Resident Director, or Residence Life Professional Staff.

\_\_\_\_\_  
Roommate Date

\_\_\_\_\_  
Roommate Date

\_\_\_\_\_  
Roommate Date

\_\_\_\_\_  
Roommate Date

\_\_\_\_\_  
Residence Life Staff Date