Roommate Agreement

Department of Residential Life
Minnesota State University, Mankato

Room: _____
Residence Community: _____

Name: _____ Name: _____

Academic Success

Quiet Hours (Sun-Thu 10PM-8AM, Fri & Sat 11PM-8AM). Courtesy Hours are in effect during all the times quiet hours are not.

Will there be specific study times? Yes No When: _____

When I am studying, it is acceptable for my roommate to: (circle all that apply)

Name: _____ watch TV play the stereo play computer/video games have guests over talk on the phone keep our room door open

Name: _____ watch TV play the stereo play computer/video games have guests over talk on the phone keep our room door open

Additional considerations we agree on to help each other meet our academic goals:

_____

_____

Sleeping

Circle all that apply to you:

Name: _____ Heavy or light sleeper Rise and shine or snooze button I usually hit the snooze bar _____ times

On school nights I plan to go to bed by _____ and get up around _____. On weekends I plan to go to bed by _____ and get up around _____.

When I am sleeping the following can be… Room lights ON or OFF Reading lights ON or OFF TV On or OFF Computer On or OFF Music On or OFF Fan On or OFF

Name: _____ Heavy or light sleeper Rise and shine or snooze button I usually hit the snooze bar _____ times

On school nights I plan to go to bed by _____ and get up around _____. On weekends I plan to go to bed by _____ and get up around _____.

When I am sleeping the following can be… Room lights ON or OFF Reading lights ON or OFF TV On or OFF Computer On or OFF Music On or OFF Fan On or OFF

How will you accommodate each other's sleeping needs and patterns?

Name:	Name:

Living Unit Care

Circle one: We'll clean our halves We'll clean together We'll take turns vacuuming, dusting, dishes, etc…

How will we conserve energy in our room?

_____

Personal Property and Safety

(students should keep their doors locked at all times) We will lock our door when: _____

Name: _____ My roommate may use the following items that belong to me:	My roommate may NOT use the following items that belong to me:

Name: _____ My roommate may use the following items that belong to me:	My roommate may NOT use the following items that belong to me:

Guests

(In your room a guest is anyone but your roommate. Overnight guests are only allowed 3 consecutive nights with the permission of roommate.)

I, _____, have the following needs related to guests: Overnight Guests can stay? During the week Weekend Never

Overnight guests can be? Same sex only Both sexes Family only Permission request for overnight guests needs to occur in advance at least: 1 day 2 days week month

Guests are welcome to use the following items:	Guests are NOT allowed to use the following items:

I, _____, have the following needs related to guests: Overnight Guests can stay? During the week Weekend Never

Overnight guests can be? Same sex only Both sexes Family only Permission request for overnight guests needs to occur in advance at least: 1 day 2 days week month

Guests are welcome to use the following items:	Guests are NOT allowed to use the following items:

Alcohol and Drugs

Discussion Item:
Have a conversation about expectations you have about alcohol and drug use in your room.

Alcohol and Other Drug Policy:
Alcohol and other drug use potentially affects the safety, health, and quality of life of all students, staff, and faculty and restrict the ability of Minnesota State Mankato and Residential Life to carry out its mission. The possession, use, consumption, and/or distribution of alcohol/drugs or synthetic marijuana are prohibited in the Residence Halls on the Minnesota State Mankato campus (regardless of age).
-See your Residential Life Student Guide for further details

Communication

If we have a disagreement I would like my roommate to…

Name: _____ approach me privately ask our CA to help Name: _____ approach me privately ask our CA to help

Discussion Items:
Have a conversation about how you would like messages left if someone stops by or calls if you share a phone line.
Talk about how you would like your roommate to approach you when there is conflict.

Signatures

By signing this document, we both agree to strive to honor the needs of our roommate. If we feel these guidelines are not followed, we will talk with each other and/or our Community Advisor, Hall Director, or Area Director for assistance. We also agree to be flexible and to revise this agreement as it becomes necessary.

_____
Roommate Date

_____
Roommate Date

Please return your completed Roommate Agreement to your Community Advisor.

A member of the Minnesota State Colleges and Universities System. Minnesota State University, Mankato is an Affirmative Action/Equal Opportunity University.
This document is available in alternative format to individuals with disabilities by calling the Residential Life Office at 507-389-1011 (V), 800-627-3529 or 711 (MRS/TTY).

White: CA Yellow: Resident 1 Pink: Resident 2