



ROOMMATE INFORMATION AND AGREEMENT

ROOM: _____

Welcome to the WMU residence halls. We hope you are looking forward to a great year and that living on campus will be one of the best aspects of your college experience. We all have different lifestyles, and to successfully live together requires all roommates to make some accommodations. Communication is the key in any relationship – with family, friends, or a roommate. The goal of this exercise is to provide you with some information about getting along with your roommate. This is the starting point in what we hope will be a successful year for everyone in the room.

I. Roommate Bill of Rights.

The basic rights of a roommate include:

- The *right* to read and study in one’s room.
- The *right* to sleep with as little disturbance as possible.
- The *right* to expect a roommate to respect one’s personal belongings.
- The *right* to live in a clean environment.
- The *right* to free access to one’s room and facilities without interference.
- The *right* to personal privacy.
- The *right* to have guests, providing they respect the rights of the roommate and other hall residents.
- The *right* to be free of intimidation, physical, and/or emotional harm.
- The *right* to seek reasonable cooperation from a roommate.
- The *right* to speak out openly on ideas, opinions, and grievances.

II. Lifestyles.

Complete the following section by circling the term or filling in the blank that best describes your lifestyle. Share your answers with each other and discuss your specific lifestyle characteristics.

Name:	Name:
I am a morning / afternoon / night person.	I am a morning / afternoon / night person.
I like to study in the morning / afternoon / night.	I like to study in the morning / afternoon / night.
I study in my room / elsewhere in the hall / out of the hall.	I study in my room / elsewhere in the hall / out of the hall.
My ideal bed time is around ____ on weeknights and ____ on weekends.	My ideal bed time is around ____ on weeknights and ____ on weekends.
When I go to bed I prefer all lights out / total quiet & no music or TV / music or TV on / it doesn’t matter.	When I go to bed I prefer all lights out / total quiet & no music or TV / music or TV on / it doesn’t matter.
I like to wake up at ____ on weekdays and ____ on weekends.	I like to wake up at ____ on weekdays and ____ on weekends.
I like to keep the room clean / fairly clean / messy.	I like to keep the room clean / fairly clean / sloppy.
____ I’d like for us to schedule cleaning the room and trash removal. ____ I’d prefer if we each took care of our own areas.	____ I’d like for us to schedule cleaning the room and trash removal. ____ I’d prefer if we each took care of our own areas.
I prefer we do not use the phone (except for emergencies) before ____ am/pm or after ____ am/pm.	I prefer we do not use the phone (except for emergencies) before ____ am/pm or after ____ am/pm.
I prefer we have guests in the room between ____ am/pm and ____ am/pm.	I prefer we have guests in the room between ____ am/pm and ____ am/pm.

III. Our Room.

Complete the following section by checking the box(es) or filling in the blanks to identify agreed upon guidelines for the room.

You can...	Name:		Name:	
	When I am... Sleeping	When I am... Studying	When I am... Sleeping	When I am... Studying
Sleep				
Watch TV/ Be on the computer				
Listen to stereo/radio quietly				
Have guests				
Be on the phone				

We will lock the door:

- whenever we are not in our room.
- whenever we leave the floor.

Guests are welcome to use the following items...

Guests may not use the following items...

	Name:	Name:
Guests will be:	Sunday – Thursday	Friday – Saturday
Not allowed		
Allowed until ____ am/pm		
Allowed at any time		
Same gender		
Any gender		

HALL: _____ ROOM: _____

IV. Personal Belongings.

This activity is designed to help roommates define which belongings they are comfortable sharing. For each item listed, choose YES, NO, or ASK. Share your answers and discuss your reasoning. Add your own items at the end.

ITEM:	Name:			Name:			ITEM:	Name:			Name:		
	YES	NO	ASK	YES	NO	ASK		YES	NO	ASK	YES	NO	ASK
iPod, stereo							Cooking utensils/dishes						
TV/DVD/Blue Ray							Books						
Gaming system							School supplies						
Video games, movies							Money						
Computer, iPad							Bed (self or guests)						
Microwave							Personal furniture						
Refrigerator							Mail						
Hair dryer, etc.							Athletic equipment						
Clothes							Cosmetics						
Food							Toiletries						
Cleaning supplies													

Other things we should set guidelines about are...

FALL SEMESTER:

Our signatures indicate that we have discussed the information on this sheet. It further indicates that we agree to follow these guidelines set forth to the best of our abilities. We understand that our RA is available to help mediate conflicts and will utilize this agreement as a tool to aid in that process. We are encouraged to keep a copy of this agreement for our records.

Signature

Date

Signature

Date

SPRING SEMESTER:

Our signatures indicate that we have reviewed and discussed the information on this sheet. We have made any necessary changes. It further indicates that we agree that these guidelines are still applicable. We understand that our RA is available to help mediate conflicts and will utilize this agreement as a tool to aid in that process.

Signature

Date

Signature

Date