Washburn University
Department of Residential Living
Summer Information Sheet

FOR OFFICE USE ONLY

Date Rcvd_____ Payment Rcvd_____

Bldg._____ Room _____

Meal Plan _____ Mailbox _____

ALL items on the information sheet must be completed before the application is processed. Please TYPE or PRINT CLEARLY.

Legal Name: _____ Birth Date: ____/____/____ Age: _____
Last First Middle Month Day Year

Name you prefer: _____ WIN or SS#_____ Gender: ____

Home Address: _____
Street City State Zip

Phone: (____) _____ Cell Phone: (____) _____

E-mail Address: _____

Emergency Contact (REQUIRED): _____
Name Relationship

_____/_____/_____
Home Phone Work Phone Cell Phone

I will be a: □ Freshman □ Sophomore □ Junior □ Senior □ Graduate / Law Major: _____

All summer school students will reside in the Washburn Village.

Roommate / Suitemate Preference(s):
□ Single Room □ No Preference □ I prefer to live with:

Roommate:_____

Suitemate:_____

Suitemate:_____

Suitemate: _____

Room / Floor / Building Preference: _____

☐ I am interested in living with an international exchange student.

If you should need assistance with a medical condition or have a disability, please contact Student Services at: (785) 670-1629 or student-services@washburn.edu. Residential Living will work with Student Services to address your request.

Personal Preferences:

I smoke: □ Yes □ No
I object to a roommate that smokes: □ Yes □ No
I routinely wake up at: _____
I routinely go to bed at: _____
I like to study to music / TV: □ Yes □ No
I prefer my room to be (circle one): cooler / warmer
On a scale of 1 (sloppy) to 10 (neat), rate your housekeeping skills: _____
Special Request (studious, outgoing, etc.): _____

Roommate placements are made based on the information provided.
While we cannot guarantee satisfaction, we make every effort to take your preferences into consideration.