

RESIDENCE LIFE AND HOUSING
SCAD Atlanta CAPP Housing Application

Last name	First name		
SCAD ID number	Student email		
Cellphone number	Birthdate	/	/
		Male	Female

Lifestyle Survey

This lifestyle survey reflects some issues often considered important by roommates. Your honest answers assist the university in assessing the potential compatibility of roommates.

Intended major (if known)				
Do you smoke?	Yes	No		
How neat do you keep your room?	Very	Moderately	Not	
What is the preferred social activity level in the room?	Quiet	Moderate	Active	
When do you prefer to go to sleep?	10 p.m.-midnight	Midnight-2 a.m.	After 2 a.m.	
When do you prefer to wake up in the morning?	6-8 a.m.	8-10 a.m.	After 10 a.m.	
At what time of the day do you prefer to study?	Morning	Afternoon	Evening	Late night
Do you like to work with music in the background?	Yes	No		
Do you like to sleep with music or the television on?	Yes	No		
What room temperature do you prefer (with cooler meaning 74 degrees or below and warmer meaning 75 degrees and above)?	Cooler	Warmer	Either	
Would you like to request a specific roommate?	Yes	No		

If yes, submit the name of the requested roommate. (All roommate requests must be mutual.)

Students agree to provide the information requested on the housing application for the purpose of hall, room and roommate assignments. Specific roommate requests are honored when possible; however, they are not guaranteed. This application is not a room assignment. Note: Room and roommate requests are made without regard to race, creed, religion, national or ethnic origin, or sexual orientation.

Any student who has a health-related need that may affect his or her assignment must submit a letter from an appropriate health professional certifying the condition. This request must be submitted for approval to the office of counseling and student support services at least six weeks prior to the start of CAPP. Late requests may not receive the same priority as those received by the deadline date. Questions can be directed to 404.253.3200.

Student signature	Date	/	/
Parent/guardian signature	Date	/	/

Please email this completed form to isso@scad.edu.

Official Use Only		
App. rec. date	/ /	Hall Room