



Full Name: _____ Home University: _____

1) Gender: M F

2) Term: Fall Academic Year Spring

3) Please select one of the following housing arrangement options:

I will arrange my own housing.

You do not need to complete the rest of this form. Please return this housing preference form to IFSA-Butler along with a letter from your study abroad advisor on university letterhead stating that your university approves of independent housing.

I would like IFSA-Butler to arrange housing for me. Please complete preference section below.

For more about our available housing options, refer to the housing information included on our website.

Preferences

If available, I would prefer: **Single-gender residence** **Single room** **Non-smoking** **Smoking**

Please explain any specific religious or other daily living needs that necessitate particular features and/or considerations in your accommodation or for the IFSA-Butler orientation.

The following information may be used to help arrange your housing. Your responses may be shared with housing providers and potential roommates.

- | | | | |
|--------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Smoker | <input type="checkbox"/> Non-smoker | <input type="checkbox"/> Will live with a smoker | <input type="checkbox"/> Prefer not to live with a smoker |
| <input type="checkbox"/> Drinker | <input type="checkbox"/> Non-drinker | <input type="checkbox"/> Study in room | <input type="checkbox"/> Study away from room |
| <input type="checkbox"/> Neat | <input type="checkbox"/> Messy | <input type="checkbox"/> Quiet | <input type="checkbox"/> Noisy |
| <input type="checkbox"/> Early riser | <input type="checkbox"/> Stay up late | <input type="checkbox"/> Politically conservative | <input type="checkbox"/> Politically liberal |
| <input type="checkbox"/> Snore | <input type="checkbox"/> Do not snore | <input type="checkbox"/> Religiously observant | <input type="checkbox"/> Non-practicing |

Religious affiliation (optional): _____

Please list any roommate requests. All requests must be mutual and in writing, but cannot be guaranteed.

I have read and understand the information on IFSA-Butler’s website regarding housing options at Birkbeck. I acknowledge that housing preferences are not guaranteed by IFSA-Butler or Birkbeck. I understand that if I do not disclose any special needs to IFSA-Butler, arrangements cannot be made for me.

Signature: _____ Date: _____

