



OFFICE ON HOUSING

Office: (973) 972-8796

Fax: (973) 972-5048

**Roommate Matching Form
UMDNJ STUDENTS ONLY
Matching is not guaranteed.**

Office Use Only:

Date Received _____
Room Number _____
Matched with _____

We will try to match you with a roommate(s) according to the information you provide us below. We cannot ensure that we can give you a perfect match.

PERSONAL INFORMATION

NAME: _____
(LAST) (FIRST) (MI) STUDENT ID

PERMANENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE) (COUNTRY)

PERMANENT TELEPHONE: (_____) _____ CELL PHONE NUMBER: _____

GENDER FEMALE MALE EMAIL ADDRESS: _____

SCHOOL AFFILIATION: NJMS NJDS GSBS SHRP SN SPH

CLASS YEAR: 1ST YEAR 2ND YEAR 3RD YEAR 4TH YEAR GRAD UNDERGRAD RESIDENT
 POST-DOCTORAL FELLOW

Roommate(s) Requested: ALL REQUESTS MUST BE MUTUAL. MATCHING IS NOT GUARANTEED.

NAME STUDENT ID

NAME STUDENT ID

Check the answers that describe you best:

- I am super clean and tidy
- I am not so clean and tidy
- I want someone from my school
- I do not want someone from my same school
- I want someone with my same dietary restrictions: _____
- I am a morning person
- I am a night person
- I want someone from my class year
- I want someone of my same faith: _____

Use this space to tell us whatever you think we need to know to ensure a good match.

I hereby give UMDNJ permission to provide my name and contact information to the individual(s) with whom I am being matched for the housing facility.

Student Signature Date Parent/Guardian Signature (For students under 18 years of age.) Date