

NCKTC On-Campus Housing Information

Name: _____ **E-mail:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell:** _____

Program Enrolled In: _____

Age: _____ **Sex:** _____

Roommate Request/Comments: _____

Special Interests or Activities: _____

Do you smoke? (Please be honest!) (circle one) Yes No

Do you object to a roommate who smokes? Yes No

***Smoking is prohibited inside all housing units.**

What types of music do you listen to? _____

Do you prefer a quieter room or are you ok with noise? _____

When do you prefer to go to sleep? Before 11:00 pm or After 11:00 pm

Which best describes your personal space habits? Organized or Not