**COLLEGE ROOMMATE AGREEMENT**

# Communication

### Building a good relationship with your roommates and housemates will benefit you now and serve you later in other relationships. Just like building a house, roommate relationships require skills we can learn. **The foundation is communication**.

*Being honest and open from the beginning will make it easier to talk later about how your relationship is changing. It will be easier to resolve issues if you communicate directly and immediately as issues arise.*

### You are capable of learning and applying these skills. You are responsible for:

* Knowing what is important to you
* Being accountable for your own behavior
* Confronting (talking clearly and directly to) someone who is violating your rights
* Identifying the compromises necessary for living with others
* Negotiating and re-­‐negotiating an agreement that works for all residents

**Differences And Conflict**

Differences are normal and offer an opportunity for growth. Conflict exists in all relationships and it can be an opportunity for interpersonal growth and for learning about different people.

Sometimes roommates become close friends. Many will not be close but will live together respectfully.

**Negotiating An Agreement**

1. Take time to go through these exercises alone before negotiating with your roommate/housemates.
2. Then, sit down together to share results with each other verbally.
3. Negotiate, compromise, and develop agreements on all issues listed in this form.
4. All roommates/housemates must sign this form.
5. Turn in a copy of this form to your RA, and keep a copy for yourselves.
6. Agreements can be re-negotiated at any time.
7. Your RAs are good resources and can help mediate disagreements.

**Roommate Self-Assessment**

**A Bit About Me**

* What I would like to tell you about my family…
* What I would like to tell you about my friends back home…
* What I was involved in before coming to college…
* What I will miss most when away from home…
* What I will miss least…
* The grades I hope to earn while I am here and how important they are to me…
* What I like to do in my spare time…
* The kind of music I like most…least…
* What I am like when I am down or upset about something…
* How I am when things are going pretty well…
* Times when I prefer to be left alone…
* My idea of relaxing after being tense is…
* Something that is likely to annoy me…

## Cleaning Issues

### Residents are held jointly responsible for all cleaning, including at check-out time.

**How important is it for me to have a clean & neat room?**

Actually, pretty important. Moderately important.

I function fine in, or prefer, a messy room.

**I prefer that we:**

Each take care of our own parts of the room Alternate cleaning tasks (be specific).

Don’t clean

**Cleaning includes:**

vacuuming emptying trash/recycling other dusting food clean up clothes put away

**Personal Possessions**

How I feel about the use of my private property by my roommate(s) or their guests:

**Study, Quiet and Sleep Times**

I generally go to sleep by

and get up around .

|  |  |  |
| --- | --- | --- |
| During the day, I like the room: | dark  \_\_\_ | light  \_\_\_ |
| I generally like the window: | open  \_\_\_ | closed  \_\_\_ |
| I can \_\_\_ | cannot  \_\_\_ | sleep with the lights on |
| I can \_\_\_ | cannot  \_\_\_ | study with  music on |
| I can \_\_\_ | cannot  \_\_\_ | sleep with  music on |
| I can \_\_\_ | cannot  \_\_\_ | study with the TV on |
| I can \_\_\_ | cannot  \_\_\_ | sleep with the TV on |

#### Social Behavior

|  |  |  |  |
| --- | --- | --- | --- |
|  | Use It | Ask  First | Please Don’t Use |
| Microwave |  |  |  |
| Fridge |  |  |  |
| Food |  |  |  |
| TV, DVD |  |  |  |
| iPod, Music  player |  |  |  |
| Cell Phone |  |  |  |
| Computer |  |  |  |
| Printer |  |  |  |
| Clothing |  |  |  |
| Toiletries |  |  |  |
| My Bed |  |  |  |
| Other: |  |  |  |

*Note: Residents are responsible for their guest’s behavior, whether the guests are residents or non-residents. Overnight guests are permitted only with roommate’s prior permission and within the limits of the Guest Policy.*

* For me, it is too noisy when…
* It is ok with me if the noise level in our room is up during these times
* If any of your guests are here when I need privacy or quiet time, how would you like me to let you know?
* I am comfortable uncomfortable with guests visiting our room.
* These are the times I prefer visitors not be in our room…
* I do don’t feel that it is okay if guests spend the night in our room.
* Other specific requests or suggestions I have regarding guests
* The illegal sale, possession, distribution or use of drugs or paraphernalia is prohibited, as is underage alcohol use. Policy violations are treated seriously.

Regardless of my opinion, I plan to honor this policy. Yes No

* Smoking and incense are not allowed inside any residences. I plan to honor this policy. Yes No

**Security Agreement** *Note: Residents are responsible for carrying their keys and student ID at all times.*

The staff strongly recommends that our room door be kept locked at all times even when we are in the room, and that our window be locked when we are out. I agree Yes No

# Building Room #

### Now take time to review each other’s responses verbally. After each of you has shared your responses, fill out, negotiate, and sign your agreement. **Questions? Challenges? Your RA will**

**be glad to help.**

**We agree on the following: (Be specific – note times, amounts, conditions, etc.)**

**Cleaning Issues:**

#### Security Agreement:

**Study Times – Quiet Hours – Sleep Times:**

**Visitors and Guests:**

**Social Behavior:**

**Personal Possessions:**

**When we disagree or are in conflict:**

**Another thing we might have to compromise on is:**

**If you approach me with a concern (check all that apply):**

I’ll listen carefully and respond politely.

I’ll try to understand your concern even if I don’t agree. I will ask for clarification if I don’t fully understand.

I’ll try to act positively to improve the issue. I might be defensive and angry.

Other:

Name: Signature: Date: Name: Signature: Date: Name: Signature: Date: