**Guest Hours**

<table>
<thead>
<tr>
<th>Sunday</th>
<th>— to —</th>
<th>Monday</th>
<th>— to —</th>
<th>Tuesday</th>
<th>— to —</th>
<th>Wednesday</th>
<th>— to —</th>
<th>Thursday</th>
<th>— to —</th>
<th>Weekend</th>
<th>— to —</th>
</tr>
</thead>
</table>

**Guests**

To help you and your roommate come to a consensus on the hours you will allow guests in the room, a blank schedule has been provided for your use. Also keep in mind the following:

» Residents must escort their guests at all times (residence halls only)

» Guests must adhere to the visitation policy

» Residents may have overnight guests no more than three nights a month

**Studying**

Do either of you need time to study in the room? If so, what time of day? Do you prefer to have background noise or complete silence when studying?

________________________________________________________________________________________

________________________________________________________________________________________

**Borrowing**

Which items do you feel comfortable sharing? Should your roommate always ask before using these items? Can they be used in your absence?

________________________________________________________________________________________

________________________________________________________________________________________

**Sleeping**

When do each of you go to sleep? Can either of you sleep with the lights on? Do you like to fall asleep to music or the TV? Will one of you need to wake up before the other? What about “morning noise”? Do you want to be awakened if you are oversleeping or your alarm doesn’t go off?

________________________________________________________________________________________

________________________________________________________________________________________

**Noise**

When and how loud can the stereo/TV be played in the room? If only one of you has a stereo/TV, when can your roommate use it? What about the noise level during naps or if one of you is getting up or going to bed early?

________________________________________________________________________________________

________________________________________________________________________________________

**Cleanliness**

How clean will you keep the room? Do either of you have a pet peeve about dirty clothing or dishes? Who will sweep/vacuum, how often?

________________________________________________________________________________________

________________________________________________________________________________________

**Communication**

If an issue arises, would you prefer to be told via a note? Face to face? Text or Email? Facebook?

________________________________________________________________________________________

________________________________________________________________________________________

We agree to the above guidelines and leave them open to negotiation if both parties see fit.

Signature __________________________________    Signature ________________________________

Signature __________________________________    Signature ________________________________

Res Life Staff Member  _______________________________________      Date  _____/_____/_____