



Room Number: _____
Room Number: _____

The Suitemate Addendum

Suitemate A: _____	Suitemate B: _____
Suitemate C: _____	Suitemate D: _____

Section A: Room Entry:

I understand that: “You must live in your assigned room. You may not enter another resident’s room without permission, (including through the bathroom of a shared suite). If you do not have an assigned roommate and if you are not in a room that is a designated single, be prepared to receive a roommate at any time. Keep the other side of the room clean and free of your belongings.” (*Policies & Procedures for Hall Living: ROOM ASSIGNMENT*)

Suitemate A initials: ____ Suitemate B initials: ____ Suitemate C initials: ____ Suitemate D initials: ____

Section B: Cleanliness:

<p>Suitemate A: _____</p> <p>I agree to take responsibility for the following:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">(Yes)</th> <th style="text-align: left;">(No)</th> <th></th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Maintain my personal hygiene (showering, brushing teeth, etc.)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pick up after myself</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Keep bathroom tidy</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Share bathroom cleaning responsibilities</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Maintain a clutter-free bathroom</td> </tr> </table>	(Yes)	(No)		<input type="checkbox"/>	<input type="checkbox"/>	Maintain my personal hygiene (showering, brushing teeth, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Pick up after myself	<input type="checkbox"/>	<input type="checkbox"/>	Keep bathroom tidy	<input type="checkbox"/>	<input type="checkbox"/>	Share bathroom cleaning responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	Maintain a clutter-free bathroom	<p>Suitemate B: _____</p> <p>I agree to take responsibility for the following:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">(Yes)</th> <th style="text-align: left;">(No)</th> <th></th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Maintain my personal hygiene (showering, brushing teeth, etc.)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pick up after myself</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Keep bathroom tidy</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Share bathroom cleaning responsibilities</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Maintain a clutter-free bathroom</td> </tr> </table>	(Yes)	(No)		<input type="checkbox"/>	<input type="checkbox"/>	Maintain my personal hygiene (showering, brushing teeth, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Pick up after myself	<input type="checkbox"/>	<input type="checkbox"/>	Keep bathroom tidy	<input type="checkbox"/>	<input type="checkbox"/>	Share bathroom cleaning responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	Maintain a clutter-free bathroom
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If the bathroom needs to be cleaned before the scheduled custodial staff cleaning, who will call the bathroom and when?

How often and who will take out the trash?

Who will remove the items from the bathroom when custodial comes to clean?

Section C: Borrowing your suitemate's belongings:

By checking "yes", you are giving your roommate(s) permission. By checking "no", you are NOT giving them permission. By checking "ask first", you are stating that they must first ask and receive permission from you.

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Car																																																																																														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____																																																																																														
(Yes)	(No)	(Ask First)																																																																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stereo/CDs/DVDs																																																																																														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TV/VCR/DVD/MP3 Player																																																																																														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clothes																																																																																														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Care Items (dryer, makeup, razor, shampoo/conditioner)																																																																																														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer and related equip.																																																																																														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appliances (microwave, refrigerator, etc.)																																																																																														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Furniture (bed, desk, etc.)																																																																																														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food																																																																																														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Telephone																																																																																														
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____																																																																																														

Section D: Guest Policy:

Guests are considered any individual who is not officially assigned to the room. (Overnights guests are only permitted if BOTH roommates agree. Guests CANNOT stay more than there consecutive nights. A resident must escort guests at all times. Sharing of the bathroom in regards to suitemates is also considered under the guest policy).

<p>Suitemate A: _____</p> <p>Guests will be allowed when:</p> <p><input type="checkbox"/> Anytime</p> <p><input type="checkbox"/> I'm not trying to sleep</p> <p><input type="checkbox"/> I'm home and not studying</p> <p><input type="checkbox"/> _____</p> <p>Guests may use the bathroom: (check one)</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> With permission first</p> <p><input type="checkbox"/> Anytime I'm not using it</p> <p>Guests can use the shower:</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> With permission first</p> <p><input type="checkbox"/> _____</p>	<p>Suitemate B: _____</p> <p>Guests will be allowed when:</p> <p><input type="checkbox"/> Anytime</p> <p><input type="checkbox"/> I'm not trying to sleep</p> <p><input type="checkbox"/> I'm home and not studying</p> <p><input type="checkbox"/> _____</p> <p>Guests may use the bathroom: (check one)</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> With permission first</p> <p><input type="checkbox"/> Anytime I'm not using it</p> <p>Guests can use the shower:</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> With permission first</p> <p><input type="checkbox"/> _____</p>
<p>Suitemate C: _____</p> <p>Guests will be allowed when:</p> <p><input type="checkbox"/> Anytime</p> <p><input type="checkbox"/> I'm not trying to sleep</p> <p><input type="checkbox"/> I'm home and not studying</p> <p><input type="checkbox"/> _____</p> <p>Guests may use the bathroom: (check one)</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> With permission first</p> <p><input type="checkbox"/> Anytime I'm not using it</p> <p>Guests can use the shower:</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> With permission first</p> <p><input type="checkbox"/> _____</p>	<p>Suitemate D: _____</p> <p>Guests will be allowed when:</p> <p><input type="checkbox"/> Anytime</p> <p><input type="checkbox"/> I'm not trying to sleep</p> <p><input type="checkbox"/> I'm home and not studying</p> <p><input type="checkbox"/> _____</p> <p>Guests may use the bathroom: (check one)</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> With permission first</p> <p><input type="checkbox"/> Anytime I'm not using it</p> <p>Guests can use the shower:</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> With permission first</p> <p><input type="checkbox"/> _____</p>

***I understand that it takes effort, on my part, to be a good suitemate. I understand that conflict will arise and that avoiding issues could lead to greater frustrations. I understand that treating my suitemates with respect will create a better environment for all of us. I understand that open and honest communication about my needs and desires in our shared space can prevent and resolve conflict. I know that I can speak with a staff member if I have a situation with my suitemate(s) that I am unsure how to handle.**

I understand and agree to the above statements. This document can be amended at any time with consensus by all suitemates.

Suitemate A Signature:	Suitemate B Signature:
Suitemate C Signature:	Suitemate D Signature: