



STUDY ABROAD ROOMMATE REQUEST FORM

Please complete the following information.

NAME: _____

Name(s) of roommate(s) that you would like to room with while abroad:

1. _____

2. _____

3. _____

4. _____

If you have any allergies (e.g., dust, animals, specific drugs) or very strong dislikes (e.g., tobacco smoke), please indicate below. The more information you provide, the better our chances of arranging suitable accommodations.

(Signature)

(Date)

Return all completed application materials to:

Saint Mary's University of Minnesota
Study Abroad Office
Saint Mary's Hall, Room 136
700 Terrace Heights #51
Winona, MN 55987-1399
Phone: (507) 457-1447
Fax: (507) 457-6990
studyabroad@smumn.edu