

MADE Student Housing Questionnaire

READ, SIGN, & RETURN TO e.nagle@madeprogram.it



WOULD YOU LIKE TO REQUEST A SINGLE ROOM?

Yes ☐ No ☐

DO YOU HAVE A ROOMMATE REQUEST?

Yes ☐ No ☐

If yes, please submit the following information:

First Name:

Last Name:

Home Institution:

Email:

Phone Number:

DO YOU HAVE A HOUSEMATE REQUEST?

Yes ☐ No ☐

If yes, please submit the following information:

First Name:

Last Name:

Home Institution:

Email:

Phone Number:

ACCOMODATION

I have a medical condition that necessitates certain housing requirements.

Yes ☐ No ☐

If yes, please specify here:

Do you have any food allergies?

Yes ☐ No ☐

If yes, please specify here:

GENDER

Which housing configuration(s) do you feel comfortable living in? (select all that apply)

☐ Single-Gender: One gender per room and unit.

☐ Mixed Gender: Single-gender rooms, shared facilities

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☐ Gender-Inclusive: Open to all gender identities.

SMOKING

- ☐ I never smoke or vape
☐ I smoke or vape occasionally
☐ I smoke or vape frequently

CLEANLINESS

I tend to keep my room:

- ☐ Neat
☐ Average
☐ Messy

A clean and organized living space is:

- ☐ Not important to me
☐ Somewhat important to me
☐ Very important to me

DAILY HABITS

During the week, I typically start my day around:

- ☐ 7 am or earlier ☐ 8-9 am ☐ 10-11 am ☐ Noon or later

During the week, I typically go to bed around:

- ☐ 9 pm ☐ 10 pm ☐ 11 pm ☐ Midnight ☐ 1 am or later

Over the weekend, I typically start my day around:

- ☐ 7 am or earlier ☐ 8-9 am ☐ 10-11 am ☐ Noon or later

Over the weekend, I typically go to bed around:

- ☐ 9 pm ☐ 10 pm ☐ 11 pm ☐ Midnight ☐ 1 am or later

I see my living space as:

- ☐ A quiet place to relax and study
☐ A fun place to hang out with friends
☐ A combination of both

Is there anything else you want to share with us regarding your MADE housing needs and/or preferences?