



# Upstate Area Health Education Center (AHEC) Housing Request Form

Please return form (via mail, fax, or email) to:  
 Health Professions Student Services  
 HPS Coordinators  
 Upstate AHEC  
 200 N. Main St.  
 Ste. 201  
 Greenville, SC 29601  
 Phone: 864-238-2648  
 Fax: 864-349-1179 (attn: N. Stover-Nicholson)  
 Email: nstover@upstateahec.org

- Please complete all sections.
- You should submit request form as soon as your rotation dates are confirmed.
- You will be notified (email or phone) by Upstate AHEC once your form is received to discuss your request.

Date : \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Present Address: \_\_\_\_\_  
 \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone(s): \_\_\_\_\_

University/Department: \_\_\_\_\_

Degree Program: \_\_\_\_\_ Current year of training: \_\_\_\_\_

School Contact (Name, Phone Number, Email): \_\_\_\_\_  
 \_\_\_\_\_

	Rotation 1	Rotation 2 (if applicable)	Rotation 3 (if applicable)
Course Name and Number			
Rotation Site/Preceptor Name			
Rotation Dates (Begin and End)			
Housing Dates (Begin and End)			

**For office use only:**  
 Housing Available: \_\_\_\_\_  
 Student Notified (Date): \_\_\_\_\_  
 Housing Agreement/Policy Form Received (Date): \_\_\_\_\_