



Upstate Area Health Education Center (AHEC) Housing Request

Please return form (via mail, fax, or email) to:

Tina Fulton
 HPS Coordinator
 Upstate AHEC
 104 S Venture Drive
 Greenville, SC 29615
 Phone: 864-349-1168
 Fax: 864-349-1179
 Email: tfulton@upstateahec.org

- Please complete all sections.
- You should submit an application as soon as your rotation dates are confirmed.
- You will be notified by Upstate AHEC if housing is available during the requested dates.
- Housing for out-of-state students, students from private or non-state supported academic institutions is provided at a nonrefundable monthly rate of \$400 or \$100 per week.

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): _____
 Housing Fee Received (Amount/Date): _____