

Housing Request Form

Please complete all sections.

You should submit an application as soon as your rotation dates are confirmed.

You will be notified 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 rate of \$75/week.

Name:		Da	nte:	Female	
Present Address:					
Permanent Address:					
Phone #:		Ema	Email Address:		
Emergency Contact:		Pho	Phone #:		
	i:				
			Current year of training:		
School Contact (Name,	Phone #, Email):				
			0/16 1: 11.)	2	
Course Name and No.	Rotation 1	Rot	ation 2 (if applicable)	Rotation 3 (if applicable)	
course realite and res					
Rotation Site/					
Site Location/					
Preceptor Name					
Rotation Dates					
(Begin and End)					
Housing Dates (Begin and End)					
, , ,					
For office use only:			Please return form via (mail, fax, or email) to:		
Housing Available:			Mid-Carolina AHEC		

Housing Available: ______

Student Notified (Date): _____

Housing Agreement/Policy Form Received (Date): ______

Housing Fee Received (Amount/Date): __

Mid-Carolina AHEC
P.O. Box 2049, Lancaster, SC 29721
(803) 286-4121 Fax (803) 286-4165

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