



Housing Request Form

Date of Request: _____

Name: _____

Male ☐ Female ☐

Date of Birth: _____ (Age _____)

Country of Citizenship: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

POINT OF CONTACT IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

E-mail: _____

Type of Accommodation:

☐ Home Stay☐ Hawaii Student Suites: _____Period: _____ ~ _____
MM/DD/YY MM/DD/YY

Misc. Request: _____

*Dietary Restrictions: _____

*Any allergies or medical treatment: None/ Yes, I have () *Do you smoke? ☐ Yes ☐ No

*Please introduce yourself: _____

Is this your first time in Hawaii? ☐ Yes☐ NoIs Airport Pick Up Needed? ☐ Yes☐ NoArrival Date: _____
MM/DD/YYArrival Time: _____ AM/PM
MM/DD/YY

*If necessary, provide information below

Airline/Fight Number: _____

*Signature of Applicant: _____ *Date: ____/____/____

*By this signature I have read and understand the cancellation policy as noted and the administration fee of \$250.00 is non-refundable. I also understand that a \$75.00 late fee will be charged for requests submitted one week or less from the start date.

**Completed housing form does not guarantee housing.

**We strongly recommend the student purchase travel insurance. Academia is not responsible for any damages, accidents, or injury incurred during their stay at a host family, condominium, or dormitory, the student is solely responsible.

_____(initial)