

IF YOU ARE CURRENTLY STUDYING				KIDNEY PROBLEMS (KIDNEY)				ORDER DATE: FEB 2017			
As a guide, please check the following information and notify the appropriate person if you are:								Reference: FEB 2017			
Code	Description	Units	Rate	Cost	Rate	Cost	Rate	Cost	Rate	Cost	
010	Admission	1	3500	3500							
011	Books & Supplies	1	1500	1500							
012	Exam Fee	1	500	500							
013	Health Insurance	1	1500	1500							
014	Lab Fee	1	1000	1000							
015	Library Fee	1	500	500							
016	Student Union Fee	1	200	200							
017	Textbook Fee	1	1000	1000							
018	Transportation Fee	1	200	200							
019	Student Health Fee	1	500	500							
020	Student Health Fee	1	500	500							
021	Student Health Fee	1	500	500							
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043	Student Health Fee	1	500	500							
044	Student Health Fee	1	500	500							
045	Student Health Fee	1	500	500							
046	Student Health Fee	1	500	500							
047	Student Health Fee	1	500	500							
048	Student Health Fee	1	500	500							
049	Student Health Fee	1	500	500							
050	Student Health Fee	1	500	500							

**Left Column Fee** \_\_\_\_\_ **Right Column Fee** \_\_\_\_\_

Student's Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's Signature \_\_\_\_\_  
 Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
 Date \_\_\_\_\_

Emergency Contact Signature \_\_\_\_\_  
 Date \_\_\_\_\_

Send this form to: [admission@hawaii.edu](mailto:admission@hawaii.edu)  
 For more information, please call: (808) 951-3434