

Acceptance Rollover Form

Name:			
	(Last Name)	(First Name)	(Middle Initial)
UH Numb	per/UH Username	o:	
Mailing A	ddress:		
Email Ad	dress:		
Phone No	umber:		
Please ro	ollover my accepta	ance for(Semeste	er) (Year)
	mester) (
Please lis	st my major as		
Signed:			Date:

310 W. Ka'ahumanu Avenue Kahului, HI 96732-1617 Telephone: 808 984-3267 Fax: 808 984-3872 Website: www.maui.hawaii.edu