Instructions:
- Complete this form and submit it to your advisor for approval and signature
- Submit the original signed/authorized form to the Associated Students Business Office

A.S. Program Name: ____________________________________________________________

Contact Person: _____________________________________________________________

Phone: _______________ Email: ____________________________

List names of all students who will be traveling:

_________________________________ ID# ________________________________
_________________________________ ID# ________________________________
_________________________________ ID# ________________________________
_________________________________ ID# ________________________________
_________________________________ ID# ________________________________
_________________________________ ID# ________________________________
_________________________________ ID# ________________________________

(attach an additional sheet if necessary)

Purpose of trip: _____________________________________________________________

Destination: ______________________________________________________________

Departure Date: ________________ Departure Time: ____________________________

Return Date: ________________ Return Time: ________________________________

Advisor’s Signature: ____________________________ Date: _______________________

Advisor’s Phone: _______________ Advisor’s Email: ___________________________

Approval: ____________________________ Date: ________________________________

(AS Executive Director)

All documents must be submitted to the A.S. Business Office at least 5 working days prior to the date of the trip.