

STUDENT TRAVEL INFORMATION

Name of Organization, Class or Activity

Depart:

Day/Date/Approx. Time

Return:

Day/Date/Approx. Time

Faculty Sponsor or Advisor Accompanying Students **and** Contact Phone/Email:

Name:

Email:

Phone:

Destination:

Name and ASU E-Mail Address of each student:

Send completed information to: Erica D. Tate
Office of Student Development, 109 BB Dougherty Administration Bldg. **or**
fax to: 262-2615 **or** email information to: tateed@appstate.edu.

January 8, 2009