

Student Name _____ ID # _____

Contact Information: Email _____ Phone _____

Tour Name _____ Total Cost \$ _____

Credits: Graduate Undergraduate Number of credits _____

SECTION 1: STUDENT INSURANCE

- Andrews University Student Insurance
- Personal Supplementary Insurance _____

Student Insurance Officer Signature _____ Date _____

SECTION 2: REQUIRED SIGNATURES

Student Signature _____ Date _____

Tour Director Signature _____ Date _____

SECTION 3: FINANCES -Office Use Only

Financial Resources

Loans: \$ _____ Federal Aid: \$ _____ Educational Allowance: \$ _____

Account Details

Current account balance: \$ _____ Estimated account balance: \$ _____

Financial Arrangements

Clearance Authorization

SFS Assistant Director, Student Accounts Signature _____ Date _____

RETURN COMPLETED FORM TO THE TOUR DIRECTOR.