College Related Student Travel Form

Completed by Coach or Faculty / Staff Advisor

Students participating in _____ will be away from campus to participate in _____ and will miss class on the days noted below. The student is responsible to obtain any work or notes before and after each missed class. We thank you for your understanding and for allowing the student to make up work missed due to college-sanctioned travel.

Printed name of Coach or Faculty/ Staff Advisor: _____

Signature of Coach or Faculty/ Staff Advisor & Date: _____

Semester: [FA17, etc]	
Date	**Activity**

Completed by Student

Course (number, section, and title): _____

Printed name of Student: _____

Signature of Student & Date: _____

Completed by Instructor

Printed name of Instructor: _____

Signature of Instructor & Date: _____

Signed copy is retained for Instructor records. Once signed, the Instructor acknowledges receipt of schedule in Colleague/ Warrior Web.