

## **STUDENT TRAVEL INFORMATION**

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Name of Organization, Class or Activity

Depart: \_\_\_\_\_ Return: \_\_\_\_\_  
Day/Date/Approx. Time Day/Date/Approx. Time

Faculty Sponsor or Advisor Accompanying Students **and** Contact Phone/E-mail:  
Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Destination: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and ASU E-Mail Address of each student:

**Send completed information to:**

Rita K. Wells, Office of Student Development, 109 BB Dougherty Administration Bldg. **or**  
fax to: 262-2615 **or** e-mail information to: [wellsrk@appstate.edu](mailto:wellsrk@appstate.edu).

Nov. 29, 2004