

## STUDY TOUR REQUEST

**A. Request:**

1. By whom: \_\_\_\_\_  

Name of Sponsoring School/Department

\_\_\_\_\_

Tour Director / Sponsor(s)
Phone Numbers
2. Dates of Study Tour: \_\_\_\_\_ Dates for Instruction: \_\_\_\_\_
3. Name of Group: \_\_\_\_\_ Location: \_\_\_\_\_
4. Countries to be visited: \_\_\_\_\_
5. SDA Churches and Institutions to be visited, if any: \_\_\_\_\_  
 \_\_\_\_\_
6. Tour Members: \_\_\_\_\_ Minimum
7. Travel Agent: \_\_\_\_\_

**B. Number of Credits a Student can take on Tour:** \_\_\_\_\_ Minimum \_\_\_\_\_ Maximum (Note: See other form)

**C. Courses to be Offered on Tour:**

	Course No.	Course Title	Credits	Teacher*
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

\* Attach a Vita/Resume for any teacher who is not an regular or adjunct Andrews University faculty member.

**D. Learning Resources Available on Tour:**

- Library   
  Laboratory   
  Hotel   
  Classrooms   
 Other: \_\_\_\_\_

**E. Description of Learning Activities Related to the Tour:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. Approvals:**

_____	_____		
Department Chair	Date		
_____	_____	_____	_____
Dean/Director	Date	Vice President for Academic Administration	Date
_____	_____	_____	_____
Director, Loss Control	Date	Controller	Date