Office of Student Financial Services
Andrews University

ACADEMIC TOURS CLEARANCE FORM

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.

Student Financial Services
4150 Administration Drive
Berrien Springs, MI 49104-0750
Email: sfs@andrews.edu