

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.**