ASIVC: CO-CURRICULAR REQUEST FOR TRAVEL VERIFICATION

PROGRAM: _____ PO#: _____

WHERE: _____WHEN: _____

PURPOSE: _____

Student Participants	Student ID #	Current Units	GPA	ASB Sticker	Course Related to Co-Curricular

I certify that the above information is correct: _____   _____
                                                                Co-Curricular Advisor   Date
I certify that I have reviewed the request and approve of the travel: _____   _____
                                                                Department Dean   Date
Approved by Student Life Director/ ASIVC Advisor: _____   _____
                                                                Director   Date

Co-Curricular Request Travel Verification Form.doc (rev. 9/23/14)