

**Division of Performing Arts
Student Travel, Academic Verification Form**

Name _____ Student I.D. _____

Major _____ Year in School _____

Dates of Travel:

_____ (M T W Th F Sa Su) departure time _____

through

_____ (M T W Th F Sa Su) arrival time _____

Course Title (credit hours)	Instructor Name (printed)	Attendance	Current Grade	Instructor Signature
_____	_____	S U	<u>A B</u> C D F	_____
Instructor Comments:	_____			
_____	_____	S U	<u>A B</u> C D F	_____
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_____	_____	S U	<u>A B</u> C D F	_____
Instructor Comments:	_____			
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Instructor Comments:	_____			
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Instructor Comments:	_____			
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_____	_____	S U	<u>A B</u> C D F	_____
Instructor Comments:	_____	_____	_____	_____
_____	_____	S U	<u>A B</u> C D F	_____
Instructor Comments:	_____	_____	_____	_____
_____	_____	S U	<u>A B</u> C D F	_____
Instructor Comments:	_____	_____	_____	_____
_____	_____	S U	<u>A B</u> C D F	_____
Instructor Comments:	_____	_____	_____	_____
_____	_____	S U	<u>A B</u> C D F	_____
Instructor Comments:	_____	_____	_____	_____
_____	_____	S U	<u>A B</u> C D F	_____
Instructor Comments:	_____	_____	_____	_____