



# College of Agriculture, Forestry and Life Sciences

\_\_\_\_\_ Department/Faculty \_\_\_\_\_ Date

To Whom It May Concern:

The students listed below are authorized to go on a trip to \_\_\_\_\_.

The purpose of this trip is \_\_\_\_\_  
\_\_\_\_\_.

These students will be absent from classes from \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_ Hour  
to \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_ Hour.

Names of students: (Give first name, middle initial and last name along with CUID# in alphabetical order.)

First Name	Middle Initial	Last Name	CUID#	First Name	Middle Initial	Last Name	CUID#
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____
_____		_____	_____	_____		_____	_____

Approved:

\_\_\_\_\_ Professor in Charge

\_\_\_\_\_ Department/Faculty Chair