

STUDENT ROSTER

Faculty- Led Study Abroad

Faculty Member(s): (1) _____ (2) _____
(3) _____ (4) _____

Course Name and Title: _____

Destination(s): _____

Dates: _____ Total number of days abroad: _____

Please list the names of the students and the total number of students that will be participating in the Faculty Study Abroad program.

LAST NAME	FIRST NAME, MIDDLE INITIAL	STUDENT ID
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____
11) _____	_____	_____
12) _____	_____	_____
13) _____	_____	_____
14) _____	_____	_____
15) _____	_____	_____
16) _____	_____	_____
17) _____	_____	_____
18) _____	_____	_____
19) _____	_____	_____
20) _____	_____	_____

TOTAL NUMBER OF STUDENTS: _____