**REQUEST FOR GUEST ON INTERIM STUDY ABROAD**

**1. Date:**

**2. Faculty name:**

**3. Department:**

**4. Course number**:

**5. Term of course**:

**6. Destination(s):**

**7. Name of guest requesting to accompany you:**

**8. Age of guest:**

**9. Relationship to guest:**

**10. Travel experience of guest:**

**11. Reason for request:**

**Please initial each statement below to indicate your understanding:**

 1. Guest is responsible for all trip expenses.

 2. Guest cannot serve in a teaching or leadership role.

 3. Guest will need to complete a background check prior to final approval.

 4. The co-instructor/leader of this study abroad trip must send an email to cas-academic- affairs@bethel.edu giving consent.

***Requested by:***

***Date Submitted:***

SUBMIT ELECTRONICALLY TO CAS-ACADEMIC-AFFAIRS@BETHEL.EDU.

YOUR BETHEL E-MAIL SERVES AS YOUR SIGNATURE.

***Signature of Associate Provost of CAS:***      ***Date:***

*Modified: September 22, 2020*