



**Dr. George H. Bennett Office for International Education
Faculty – Led Study Abroad Program Participant Roster**
(DUE 14 days before departure)

Directions: Please provide the names of **ALL** travelers participating in your program. **NOTE:** All participants must complete the VSU LIABILITY WAIVER form **before** departure.

Name of Program: _____

Program Location: _____

Travel Dates: _____

Faculty Leader(s): _____
(Please Print) _____

PROGRAM PARTICIPANTS

(Participants must be 18 Years or Older. No young children.)

Participant's Full Name	Category* (S/F/OA)	Student ID#	Student's major (or Faculty Department/Unit/Office)

*Categories: S- Student F- Faculty OA – Other Adult Chaperone

Signature of Faculty leader(s): _____

Date of Participant Verification: _____