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-led 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: _____