

TRIO STUDENT SUPPORT SERVICES PROGRAM



**FACULTY APPROVAL FORM**  
**For**  
**Student Activities Project**

Student's Name: \_\_\_\_\_

Identification Number # \_\_\_\_\_

Course(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested Days of Absence: FROM:

TO:

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**Purpose of Event:**

**Benefit:** Compliance with grant.

APPROVE	DISAPPROVE	INSTRUCTOR

**“Putting Students First In the Pursuit of Excellence”**