UNIVERSITY OF SASKATCHEWAN

# International Travel Registry—Trip set up

Please submit this completed form at least **60 days** before the trip stat date to **itr.admin@usask.ca**.

☐ This trip has been officially approved by the affiliate college.

## ITR COLLEGE CONTACT (or person submitting trip information to the ITR)

| Last name | First name | Telephone | NSID |
|---|---|---|---|
| | | | |

## TRIP INFORMATION

| Name of trip | Date of trip | |
|---|---|---|
| | From (dd/mm/yyyy) | To (dd/mm/yyyy) |
| **Trip destination(s)** | | **Common itinerary?** |
| | | ☐ Yes ☐ No |
| **College/department affiliated with this trip** | **Courses affiliated with this trip** | |
| | Course name | Number |
| | Course name | Number |
| | Course name | Number |

## PARTICIPANT INFORMATION

| Trip leader (travelling with group) | Telephone | NSID |
|---|---|---|
| | | |
| | | |

| Trip leader (travelling with group) | Telephone | NSID |
|---|---|---|
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| | | |

| Student travellers | Telephone | Student number | NSID |
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## PARTICIPANT INFORMATION CONT'D

| Student travellers | Telephone | Student number | NSID |
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