



Macaulay Honors College  
The City University of New York  
35 West 67<sup>th</sup> Street, New York, NY 10023

## MACAULAY TRAVEL PROGRAM ADVISEMENT ACKNOWLEDGEMENT FORM

Macaulay students who wish to apply for Macaulay travel programs must inform their Advisor of their plans to participate in the program. All sections must be completed below.

Student Name: \_\_\_\_\_ Class (Graduation Year): \_\_\_\_\_

Campus: \_\_\_\_\_ Program Name: \_\_\_\_\_

Program (City, Country): \_\_\_\_\_ Program Term: \_\_\_\_\_

By signing below the student and Advisor acknowledge that a discussion about the student's participation in this program has taken place.

_____	_____	_____
Student's Name (Print)	Student's Signature	Date

_____	_____	_____
Advisor's Name (Print)	Advisor's Signature	Date

The completed and signed form should be uploaded to the application form.