

# Student Approval Form

## LLUSD International Mission Trips

Student Name: \_\_\_\_\_  
Class of \_\_\_\_\_ DDS or DH (circle one)

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Requested mission trip: \_\_\_\_\_ dates: \_\_\_\_\_

### Do you have the following coming up?

Mock Boards?            yes    no    if yes, what date? \_\_\_\_\_  
Comprehensive Test?    yes    no    if yes, what date? \_\_\_\_\_  
National Boards?        yes    no    if yes, what date? \_\_\_\_\_

Are you on academic probation? \_\_\_\_\_

Glove size: \_\_\_\_\_

### Mission trip information:

BEFORE you may go on the LLUSD Service Learning mission trips – you must get signatures from the faculty listed below.

### REQUEST APPROVED BY: Go in numerical order for signatures.

1. DDS            Clinic Administration NOT REQUIRED  
   DH            Kristi Wilkins, Chair \_\_\_\_\_  
   IDP            Dr. Mark Estey, Director \_\_\_\_\_
2. Dr. Stacey        Student Affairs \_\_\_\_\_
3. Dr. Handysides    Academic Affairs \_\_\_\_\_
4. Dr. Kerstetter    Service Learning \_\_\_\_\_