**REQUEST TO PARTICIPATE ON AN SSU RESEARCH CRUISE**

**NAME**:

**DATE(S) OF CRUISE**:

**EMAIL ADDRESS:**

(To be used for all official cruise communication)

**TELEPHONE NUMBER**:

(To be used to contact you for last minute changes)

**HAVE YOU BEEN ON AN SSU CRUISE BEFORE? IF SO, ON WHAT DATES?**

**IS PARTICIPATION IN THIS CRUISE PART OF A CLASS/LAB ASSIGNMENT? IF SO, WHICH CLASS?**

**DO YOU NEED DATA OR SAMPLESS FROM THIS CRUISE FOR YOUR INTERNSHIP OR SENIOR RESEARCH? IF YES, WHAT DATA OR SAMPLES DO YOU NEED?**

In the table below, list the classes that you will miss if you participate in the cruise and get the appropriate signatures. Note that the signatures do not necessarily excuse you from class. Pay attention to each instructor’s attendance policy and discuss your participation with each instructor.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course Number | Course  Name | Instructor’s Name | Number of class sessions you will miss | Are you currently passing the class with a C or better? | Instructor Signature |
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**INSTRUCTOR COMMENTS CAN BE PROVIDED BELOW OR ON THE BACK**:

Timely submission of this form will enhance your chances of being selected to participate in the cruise.

**Submit completed form to Ms. Sugeiry Rivera in the lobby of the Marine Science building.**