



**DOCUMENTATION**

Passport Number (Attach Photocopy):
Visa Number (Attach Photocopy):
Air Ticket Number (Attach Photocopy):

**TRAVEL ITINERARY**

(Dates Subject to Change)

DAY	DATE	DEPARTURE TIME	ARRIVAL TIME	DESTINATION/ACTIVITY	CONTACT	PHONE

I agree that the above information is accurate. I have been advised and am aware of what is expected of me in terms of the professional protocol and participation expected during this trip/activity. I am aware that should I not conform to the agreed upon protocol, I may be asked to leave the group and return home at my own expense.

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**STUDENT SIGNATURE**

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**DATE**