

AIRLINE

FLIGHT NUMBER

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STUDENT TRAVEL ITINERARY

You are required to send this form to Scott Saracusa at SaracusaSW@tiffin.edu no later than 7 days prior to your arrival at Tiffin University.

You must check one of	the foll	owing:			
	n Univers	sity representative to	rtation to the Tiffin Uni pick me up from the ai		take note of the following,
 Flight arrangements Flight arrivals should Please look for the 1 	d be fror	n Monday-Friday bet	ween 10:00AM - 10:00	PM (Eastern Stand	
	land Ho				through Friday or who can Airport (CMH) may request
Name	:				☐ Male ☐ Female
	·	(Given) Name	Middle Name	(Family) Nam	
Cell Phone Number	:		Emergency	Contact :	
Home Phone Number	:		Emergency Contact # :		
Email Address	:		Native Cou	ntry :	
DEPARTURE INFORMA CITY AIRPORT NAME / CODE	:				- -
DATE OF DEPARTURE	:			_ (month/day/year	·)
TIME OF DEPARTURE	:	\bigcap A.M. or \bigcap P.M.			
AIRLINE FLIGHT NUMBER	: :			_	
ARRIVAL INFORMATIO CITY (Airport Code) DATE OFARRIVAL) N :		(DTW)	Dhio (CLE) □ Colur _ (month/day/year	
TIME OF ARRIVAL	:	a A.M. o	or 🗖 P.M.		

You are required to arrive by 12:00 p.m. EST on Thursday, January 12th, 2012 for Orientation.

Spring 2012 classes begin on January 16, 2012 (MSCJ courses begin on January 14th).