

DATE _____

COUNTRY _____

CURRIC _____

IMET _____ FMS _____

INTERNATIONAL STUDENT VACATION ITINERARY

Please complete this form with your travel plans in case we need to locate you due to an emergency. Have your Section Leader and your Curricular Officer sign; return a signed copy of this form to the International Programs Office. THANK YOU!

NAME: _____
Last First

DATES: _____
Departing Returning

DESTINATION(S) : _____

PLANNED ROUTE OF TRAVEL: _____

PHONE NUMBER WHERE YOU CAN BE REACHED OR LEFT A MESSAGE:
_____ PERSON AT THIS NUMBER: _____

IF TRAVELING OUTSIDE THE UNITED STATES, OR IF YOU WILL MISS MORE THAN TWO ACADEMIC DAYS (MONDAY - FRIDAY) EMBASSY AUTHORIZATION NEEDS TO BE ATTACHED TO THIS FORM BEFORE BEING SIGNED BY SECTION LEADER/CURRICULAR OFFICER & STUDENT SERVICES.

EMBASSY AUTHORIZATION ATTACHED: YES _____ NO _____

CURRIC OFFICER DATE STUDENT SERVICES DATE

Section Leader DATE

Professor Signature (If Required)

Professor Signature (If Required)

Professor Signature (If Required)

Professor Signature (If Required)

PROFESSOR'S Signature required if missing any class day (Monday - Friday) regardless of whether you have class or not.