**(Form 3)**

**AY2017 Grant for Study Abroad Program Operation**

**Program Itinerary/Accommodation**

* Program Name:
* Faculty in Charge (Name/Affiliation):
* Flight Information:
* Hotel (Name/Address/TEL):

\*Please instruct the participating students to provide this document copy to their guardians.

\*When you are holding a program jointly with other faculty member(s), submit this form in joint names.

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| MM/DD/YYYY | City to Stay | University to Visit | Hotel Name/TEL | Activities |
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