**(Form 3)**

**FY2018 Grant for Study Abroad Program Operation**

**Program Itinerary/Accommodation**

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

\*If your students’ schedule is different from yours, please let us know.

Students’ flight information:

* Hotel (Name/Address/TEL):

\*If your students’ accommodation is different from yours, please let us know.

Students’ accommodation information:

\*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.

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