

**FLORIDA ATLANTIC UNIVERSITY
OFFICE OF INTERNATIONAL PROGRAMS
STUDY ABROAD PROGRAMS**

ITINERARY

Departure date: _____ **Airport:** _____ **Airline:** _____

Arrival date and location: _____ **Airport transfer by:** _____

REPEAT THE FOLLOWING AS OFTEN AS NEEDED:

Date: estimated time of arrival and lodging. Phone/Fax/Email/ of Lodging

City: _____ Country: _____ # of days in this location: _____
Beginning date: ____/____/____ Ending date: ____/____/____ Method of travel to location: _____

Date: estimated time and location. Activity / Field Trip

City: _____ Country: _____ # of days in this location: _____
Beginning date: ____/____/____ Ending date: ____/____/____ Method of travel to location: _____

Date: estimated time and location. Guest Lecture

City: _____ Country: _____ # of days in this location: _____
Beginning date: ____/____/____ Ending date: ____/____/____ Method of travel to location: _____

Date: estimated time and location. Group Meal

City: _____ Country: _____ # of days in this location: _____
Beginning date: ____/____/____ Ending date: ____/____/____ Method of travel to location: _____

Date: estimated time and location. Local Travel

City: _____ Country: _____ # of days in this location: _____
Beginning date: ____/____/____ Ending date: ____/____/____ Method of travel to location: _____

Date: estimated time and location. Free Time

City: _____ Country: _____ # of days in this location: _____
Beginning date: ____/____/____ Ending date: ____/____/____ Method of travel to location: _____

Return date: Airport _____ **Airline** _____

Arrival date and location: _____ **Airport transfer by:** _____