

APPENDIX D

International Travel Registry

Please complete the following information and return it to the Office of Internationalization (OI) before departing. If any of the information you provide changes, please inform OI. Thank you, and safe travels!

PERSONAL INFORMATION

Full Name (as on passport): _____ Status (Student/Fac./Staff/Admin.): _____

GGC Address: _____ Role on Trip (for faculty/staff only): _____

Local Address: _____

Permanent Address (if different): _____

Phone(s) and Type: _____ Parents' Ph. (student only): _____

PROGRAM CONTACT/ORGANIZER IN USA

Name of Program/Provider: _____

Fixed Ph.: _____ Cell Ph.: _____ Fax: _____ Email: _____

PROGRAM CONTACT ABROAD (if applicable)

Name of Program/Provider: _____

Fixed Ph.: _____ Cell Ph.: _____ Fax: _____ Email: _____

TRAVEL INFORMATION

Destination Address: _____

Destination Contact: _____

Departure Date: _____ Carrier, Fl. No.: _____

Return Date: _____ Carrier, Fl. No.: _____

Other Pertinent Travel Information: _____