INTERNATIONAL TRAVEL REPORT REQUEST

Name_________________________________________ Email:_____________________________________________

Today’s Date:____________________________________

I am traveling as:
☐ Study Abroad Program ☐ Independent traveler
☐ Member of Hope-sponsored group ☐ Member of Non-Hope group

Program/Group name (if applicable):____________________________________

• If traveling with a Hope group, will you be returning with the group? YES NO
• Affiliation with IES, CIEE, SIT or other program? If YES,________________________ NO

Date of departure_________________________ Date of return to USA_________________________

Country/Countries you will be traveling to (include airport stop-over’s):
________________________________________________________________________________________
________________________________________________________________________________________

List Destination city/cities you will be traveling to:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Activities involved (check all that apply):
☐ Hiking/Backpacking
☐ Scuba diving
☐ High Altitude Climbing
☐ Caving
☐ Safari
☐ Snorkeling
☐ Other________________________

Lodging (check all that apply):
☐ Air conditioned hotel
☐ Open air window hotel
☐ Screened cabin
☐ Open air tent
☐ Host family
☐ Other________________________

Food accommodations (check all that apply):
☐ Restaurants on major tourist routes
☐ Street vendors and/or Market stalls
☐ Program attending is providing
☐ Unknown
☐ Other________________________

Water accommodations (check all that apply):
☐ Industrialized country
☐ Bottled water
☐ Boiled and/or chemically treated water
☐ Tap water
☐ Other________________________

Return completed form to Hope Health Center. Fax: 616-395-7144. E-mail sabo@hope.edu