



TRAVEL PLANS FORM

Please return this form to OCS as soon as your travel arrangements have been made or return a copy of your flight itinerary to us. E-mailed itineraries are acceptable!

Name: _____

OUTBOUND TRAVEL ARRANGEMENTS

Airline & Flight Number	Departure Date (weekday/date)	Departure City or Airport	Arrival City or Airport	Departure Time	Arrival Time

RETURN TRAVEL ARRANGEMENTS

Airline & Flight Number	Departure Date (weekday/date)	Departure City or Airport	Arrival City or Airport	Departure Time	Arrival Time

Return to:

**Off-Campus Study
 Claremont McKenna College
 Heggblade Center, 850 Columbia Avenue
 Claremont CA 91711-6400
 (909) 621-8267
 Fax: (909) 607-8690
studyabroad@claremontmckenna.edu**