

INTERNATIONAL STUDY, LONDON PROGRAMS
GROUP TRAVEL PLANS

Please check the term and enter the program and year you are applying for:

TERM: SUM _____ FALL _____ JAN TERM _____ SPR _____
INTERNSHIP _____ PROGRAM: _____ YEAR: 20 _____

Print your full name as shown on your passport:

Accuracy is important; ticket and passport names must match.

First Name

Middle Name

Last Name

Airline Reservations are made as a group and it is assumed you will travel with the group. We will be using Delta Airlines from Atlanta and no transportation is provided from Birmingham to Atlanta as part of the group package. Please provide your frequent flyer number if you wish to receive mileage credit _____.

Flight Itinerary:

Depart: Jan. 28, 2008
Return: May 6, 2008 **OR** May 13, 2008

Travel arrangements must be clearly written on this form. No verbal requests by phone or email will be accepted. Any changes to your plans after submission of this form must be received in writing and dated. All changes made after submission of this form may be subject to additional charges and penalties. Please read the selections carefully and make sure your desires for travel are expressed clearly.

When you submit this travel plan and give us permission to book your flight, you are agreeing to whatever terms and conditions are currently in place by the airline of our choice regarding group arrangements. The itinerary you request is booked by our travel agent and any changes made by the parent or student after you have been issued a ticket must be made by our travel agent, not by you or the airline.

Airline tickets are purchased at group rate prices and we prefer you travel as a group. If you choose to travel separately using frequent flyer miles, please indicate this preference below. You will then be responsible for arranging your own flights and transfers from the airport to the Samford Study Centre. If you wish to travel past the group return date, keep in mind that ticket prices go up during the peak summer and holiday periods. This may incur additional fees for your return flight.

Important: If you do not check in for any portion of your itinerary, your ticket is automatically cancelled by the airline, rendering it void. You will still be subject to our group agent to reissue the ticket. Cost will be determined by the terms and regulations of the airlines. All penalty fees, taxes and increases in the price of the ticket will be charged to the student's account.

YOUR TRAVEL PLANS: Please choose Plan #1 or Plan # 2 and make sure your plans are clearly stated. (Circle your dates)

Plan # 1:

Choose this plan if you will travel completely with the group round-trip from Atlanta. Please circle your dates.

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Plan # 2:

Choose this plan if your travel plans are different than the departure/return dates as outlined in the group plan. You must talk to London Programs and receive permission to make your own flight arrangements.

Important: By making your own arrangements you agree to the following: (continued on page 2)

I agree to be in London in time for the first day of class. I understand that transportation will not be provided to the London Study Center upon arrival, and that accommodation cannot be provided should I arrive earlier than the group arrival or if I stay later than the group-return date. I understand that only the cost of the flight, excluding all taxes and fees, will be reimbursed to my student account.

STUDENT SIGNATURE

DATE

Please sign below indicating your understanding and acceptance of the terms outlined above.

I hereby authorize Samford University, London Programs, to arrange my travel plans as indicated on this form and to pay additional costs that may be incurred. I understand that if I do not check in for any portion of the flight itinerary, the ticket is automatically cancelled by the airline, rendering it void, and I will be subject to the group travel agent and the terms and regulations of the airlines at the time of reissue. I understand that all penalty fees, taxes and increases in the price of the ticket will be charged to my student account.

A parent must authorize your travel:

I agree with the travel plans my son or daughter has outlined on this travel plans form and I agree to pay any additional costs that may be incurred in making these plans. I understand that if my son or daughter does not check in for any portion of the itinerary, the ticket is automatically cancelled by the airline, rendering it void, and will be subject to the London Program group travel agent and the terms and regulations of the airlines at the time of reissue. I understand that all penalty fees, taxes and increases in the price of the ticket will be charged to my son's or daughter's student account.

I give my son or daughter permission to travel on weekends without supervision. I also give permission for my son or daughter to extend his or her stay beyond the group return date and recognize the University cannot provide supervision during independent travel or during time outside of the scheduled program activities and dates.

PRINT NAME OF STUDENT

STUDENT SIGNATURE

DATE

PRINT NAME OF PARENT

PARENT SIGNATURE

DATE