



University of Massachusetts Boston  
100 Morrissey Blvd, Boston, MA 02125  
Office of Global Programs  
Tel 617-287-5586/ Fax: 617-287-3963  
[studyabroad@umb.edu](mailto:studyabroad@umb.edu)

## Study Abroad Mandatory Travel Interview Advising Sheet

Student Name: \_\_\_\_\_ I.D.# \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ 2<sup>nd</sup> Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Destination (Country, City): \_\_\_\_\_ Provider: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_

### Departure Flight Information

Date and Time of Departure: \_\_\_\_\_ Departing Airport: \_\_\_\_\_

Departing Airline: \_\_\_\_\_ Arrival/ Time: \_\_\_\_\_

Arriving Airport: \_\_\_\_\_ Arriving Airline: \_\_\_\_\_

### Return Flight Information

Date and Time of Departure: \_\_\_\_\_ Departing Airport: \_\_\_\_\_

Departing Airline: \_\_\_\_\_ Arrival/ Time: \_\_\_\_\_

Arriving Airport: \_\_\_\_\_ Arriving Airline: \_\_\_\_\_

### Host Country Arrival Information

Host University Contact Person: \_\_\_\_\_

Contact Person phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Transportation to Host University (check one or all that apply):  Public transportation;  Taxi;

University shuttle;  Pick up (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

**Note: Confirm the above arrival information with the host country 48 hours prior to departure!**

## **Document Submission Reminder**

1. Did you submit to the Financial Aid Office: a) Acceptance letter; b) Prior approval transfer credit form; c) Consortium agreement?
2. Have you made arrangements with the Bursar's office for the disbursement of your check(s)?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Signed Copies to: 1) Student/Applicant, and 2) Study Abroad Office**