

- 1) Faculty Signature ____ 2) CGE Director Signature ____ 3) Study Abroad Coordinator ____
4) CGE Administrative Coordinator ____ 5) Informational Only - Don't Book ____

Study Abroad Program Deviant Airline Flight Form

By completing this form I indicate that I would like to change my Flight Dates as specified below:

- I would like to arrive earlier than the scheduled arrival date and time for the _____ (program name). I plan to arrive in the destination of the study abroad program on _____ (date) and _____ (time). I will not be arriving with the group as originally planned.

OR

- I would like to stay after the scheduled departure date of the _____ (program name). I plan to leave on _____ (date) and _____ (time). I will not be returning with the group.

I understand that Columbus State University is not responsible for my activities or for providing any support of supervision if I arrive before the first program date or stay beyond the program end date. It is my responsibility to arrange and pay for all travel to and from the program location and/or airport flights that are outside of the group itinerary as well as all additional living costs. I further understand that Columbus State University is not responsible for problems or difficulties arising from changes in my flight itinerary that deviate from the group.

I understand that this signed document must be received by the Center for Global Engagement at Columbus State University **on or before the due date of the first payment of my program.**

Program Participant (please print): _____

Program Participant ID: 909 _____

Participant Signature: _____ Date: _____

Faculty Program Director: _____ Date: _____

CGE Director: _____ Date: _____