

**INDEPENDENT TRAVEL**  
**(If applicable)**

Name \_\_\_\_\_

Proposed Date of Departure/Return \_\_\_\_\_  
(if different from the tour schedule)

I wish to arrange my own transportation to/from the international site rather than travel with the group. By deciding to travel independently, I agree to the following conditions:

1. I will not depart before visa approvals, if required, have been obtained.
2. I will make arrangements for all scheduled payments before departure.
3. I will notify the program director in writing if my plans change.
4. I will report to the meeting point on the day and time specified in the reporting instructions provided by University of Wisconsin-Platteville.

In the event that there is a change to the starting date of the tour, it is my responsibility to make modifications to my travel itinerary to accommodate such changes. University of Wisconsin-Platteville is not responsible for any non-recoverable transportation charges I may incur for independent travel arrangements.

5. I will not be met at the airport. Accommodations and services will not be provided by University of Wisconsin-Platteville to me until the starting date of the tour and will not be extended past the ending date of the tour.
6. I will be solely responsible for my transportation to and/or from the international site.
7. I release the University of Wisconsin-Platteville from any and all liability associated with my independent travel before and/or after the scheduled tour dates.

If I fail to comply with any of these conditions, my participation in this and future international programs will be jeopardized.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Please indicate your itinerary for the period from your departure from the U.S. until the date of the group departure for your overseas center. Indicate an address and/or telephone number where you can be reached in an emergency.

Dates From \_\_\_\_\_ to \_\_\_\_\_  
c/o \_\_\_\_\_

Telephone: \_\_\_\_\_

You are encouraged to make all payments before departure; however, if you will be leaving before your final payment is due, please provide the University of Wisconsin-Platteville with the name, address and telephone numbers for the person who will be responsible for your obligation.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Day Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_