**Japan-bound Travel Plan for Grantee**

**(and for dependents)**

Please submit this form to JUSEC <program@fulbright.jp> as soon as possible or at least 3 months prior to the expected date of departure from home. If the submission of this form is delayed, it will be difficult to arrange your ticket in time for your departure and may result in your losing the travel benefit.

**Note: All names should be spelled exactly as they appear on the passport.**

**To verify the information, please send us a copy of your passport(s) with this request form.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Grant Year:** |  | **Grant Category:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | *Prefix* | | *Last Name* | | | | *First Name* | | | | | *Middle Name* |
| **1. Name of Grantee:** | |  | | | | | | | | | | | |
| *date of birth (mm/dd/yyyy)* | | | | | | | | | | | |  | |
| 2. Name of Spouse: | | |  | | | | | | | | | | |
| *date of birth (mm/dd/yyyy)* | | | | | | | | | | | |  | |
| Spouse’s duration of stay in Japan: | | | | | | *from* |  | | *to* | |  | | |
|  | | | | | |  | *(mm/dd/yyyy)* | |  | | *(mm/dd/yyyy)* | | |
|  | | | | | | | | | | | | | |
| a. Expected itinerary (departure date & site, routing, and arrival date in Tokyo\*\*)  \*\* Be aware of the International Date Line by which you lose one calendar day on Japan-bound travel. | | | | | | | | | | | | | |
| **Please list all travel portions** | | | | | | | | | | | | | |
|  | Date | | | | Place | | | | | Remarks (Staff Use) | | | |
| **(example)** Leave September 1, 20xx New York  Arrive September 2, 20xx Tokyo | | | | | | | | | |  | | | |
| Leave |  | | | |  | | | | |  | | | |
| Arrive |  | | | |  | | | | |
| Leave |  | | | |  | | | | |  | | | |
| Arrive |  | | | |  | | | | |
| Leave |  | | | |  | | | | |  | | | |
| Arrive |  | | | |  | | | | |

|  |  |  |
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| **JUSEC Authorization** | | |
| *cleared by:* | | *authorized by:* |
|  | / |  |
| Staff in charge | | Program Manager or Administrative Director |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| b. Name(s) of family member(s) who will travel with you: | | | | | | | | | |
| *Prefix Last name First name Middle name* | | | | | | | | | *date of birth(mm/dd/yyyy)* |
| Child | |  | | | | | |  |  |
| Child | |  | | | | | |  |  |
| Child | |  | | | | | |  |  |
|  | | | | | | | | | |
| c. Address etc, which should be used in contacting you regarding the ticket (check one and complete): | | | | | | | | | |
|  | Home address: | | |  | | | | | |
|  | Phone: | |  | | | E-mail: |  | | |
|  | Business address: | | | |  | | | | |
|  | Phone: | |  | | | E-mail: |  | | |