

FIELD TRIP REQUEST FORM

(Must be submitted in duplicate to the appropriate associate dean at least TWO weeks prior to the proposed trip)

PLEASE PRINT ALL INFORMATION

Date/Time of Field Trip: _____

Instructor: _____

Course: _____

Type of Field Trip and Purpose:

Place _____

Contact at Site: _____ Phone: _____

Type of Transportation: _____ Projected Cost: _____

** A Travel Authorization, or Pre-Approval Report, must be submitted through ChromeRiver to accompany this request.** Please initial here indicating this has been completed: _____

Students Attending: (Name or Course and Section #)

Student release forms are on file with the Department Head _____ YES _____ NO

Faculty Members Attending: _____

Signature of Department Head: _____ Date _____

Signature of Approval of Associate Dean: _____ Date _____

Signature of Approval of Dean: _____ Date _____

Copy Distribution: 1 copy on file with Associate Dean
1 copy sent to the Assistant Registrar for Curriculum Reporting

On the day of field trip, please post this request form on door