

FIELD TRIP REQUEST FORM

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

PLEASE PRINT ALL INFORMATION



Date Submitted: _____

Date/Time of Field Trip: _____

Instructor: _____

Course: _____

Type of Field Trip and Purpose:

Place _____

Contact at Site: _____ Phone: _____

Type of Transportation: _____ Projected Cost: _____

Students Attending: (Name or Course and Section #)

Faculty Members Attending: _____

Signature of Department Head: _____ Date _____

Signature of Approval of Associate Dean: _____ Date _____

Signature of Approval of Dean: _____ Date _____

Associate Dean