



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 Submitted: _____

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 MUST ACCOMPANY THIS REQUEST

Students Attending: (Name or Course and Section #)

Student release forms are on file with 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