

# Field Trip Request Form

(Must be submitted in duplicate to the appropriate department/division chair  
at least two weeks prior to the proposed field trip.)

Date Submitted: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Course: \_\_\_\_\_

Type of Field Trip and Purpose:

---

---

---

---

Type of Transportation: \_\_\_\_\_ Projected Cost: \_\_\_\_\_

Date/Time of Field Trip: \_\_\_\_\_

Place \_\_\_\_\_

Contact at Site: \_\_\_\_\_ Phone: \_\_\_\_\_

Students Attending:

Faculty Members Attending: \_\_\_\_\_

\_\_\_\_\_

Approved: \_\_\_\_\_

(Department Chair)

Approved: \_\_\_\_\_

(Division Chair)

Rev. 4/18/96