



Field Trip Request Form

Instructor Name: _____

Course Title: _____ Course Number: _____

Number of Students in Attendance: _____

Field Trip Information

Date of Trip: _____ Time: _____

Destination: _____

Goals and Objectives of Field Trip: _____

Cost: _____ Source of Payment: _____

Chaperones if needed Yes No

If yes provide name: _____

Method of Transportation: _____

Must be submitted two (2) weeks prior to trip for administration approval

Approved Not Approved **Date:** _____

Dean of Academics Signature: _____

Reminder:

- Student waiver must be completed by each student. Original on file with Administration before day of trip.
- Copies of student waiver must be on trip with instructor for Emergency Contact numbers.
- Attendance must be taken on trip. Attendance sheet submitted to Administration following trip.
- Submit summary of trip. Suggestions to include how trip related to course objectives, example of related assignments, student learning outcomes.