



### Request for Field Trip

Date of Request

Campus

Division/Department

Class/Section

Instructor

Purpose of Field Trip

Facility Visited

Address/Location

Date and Time

No. of Students

Mode of Transportation

Cost and Method of Payment

Other Information *(If applicable)*

*I understand that I am required to obtain signed Student Field Trip Waivers for all students attending this field trip.*

\_\_\_\_\_  
Signature of Faculty Member

\_\_\_\_\_  
Date

***Recommended:***

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

***Approved:***

\_\_\_\_\_  
Provost and  
Vice President for Academic Affairs

\_\_\_\_\_  
Date