

# Field Trip Pre-Authorization

One Per-Trip



CLUB       ORGANIZATION       PROGRAM       CLASS/INSTRUCTION

CLUB/ORGANIZATION/PROGRAM/CLASS NAME: \_\_\_\_\_

Request by: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_  In-State       Out-of-State

Destination: \_\_\_\_\_

Venue: \_\_\_\_\_

### Departure

Date: \_\_\_\_\_  
Time: \_\_\_\_\_ AM  PM

### Estimated Return

Date: \_\_\_\_\_  
Time: \_\_\_\_\_ AM  PM

Purpose of Trip: \_\_\_\_\_

Method of transportation:  College Vehicle     Private Vehicle     Other \_\_\_\_\_

Number of Students: \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_ Index# \_\_\_\_\_

### REQUIRED (PLEASE ATTACH)

- Itinerary
- Preliminary Student roster of individuals who may participate in this field trip

## APPROVALS

\_\_\_\_\_  
Program Manager/Department Head      Date

\_\_\_\_\_  
Campus Executive and Academic Officer      Date