Field Trip Pre-Authorization

One Per-Trip

☐ CLUB ☐ ORGANIZATION ☐ PROGRAM ☐ CLASS/INSTRUCTION

CLUB/ORGANIZATION/PROGRAM/CLASS NAME: _____

Request by: _____ **Date:** _____

☐ **In-State** ☐ **Out-of-State**

Date of Field Trip: _____

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

Once you have received approval you may proceed with arrangements.