

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

Vice President for Academic Affairs/Associate Campus Director Date