



Field Trip Request

Approval must be requested for instructors to schedule students to participate in instructional related activities away from the campus at least two (2) weeks prior to the day the Field Trip will occur.

Program: _____

Instructor(s): _____

Date of Activity: _____ Destination: _____

Emergency Phone Number to reach Participants at Activity: _____

Time Departing: _____ Time Returning: _____

Purpose of the Field Trip: _____

Explain transportation arrangements. **(Note: Staff will not transport students in personal vehicles and students are discouraged from transporting fellow students).**

The following expenses are approved to be paid. Name account(s):

	±	±	=\$	
(Travel)		(Room and Board)	(Other)	(Total)

Each student will expect to pay approximate \$ _____ out of pocket.

We will travel by: State Vehicle Plane Personal Vehicle Other _____

Faculty

Date

Dean for Academic Affairs

Date

Vice President for Academic Affairs

Date