



Academic Affairs Office Field Trip Approval Form

Please complete this form and return it to Academic Affairs at least 5 days prior to your trip.

Course Name: _____ CRN: _____

Instructor Name: _____ Date of Trip: _____

Place of Departure: _____ Departure Time: _____

Mode of Transportation: _____ Arrival Time: _____

Destination Information:

Name: _____

Address: _____

Contact Person: _____ Phone: _____

Provide a brief explanation of how this trip aligns with course competencies:

Departure time from field trip location: _____

Are you returning to the College? ___ Yes ___ No

Please attach class roster to form and send to Academic Affairs.

Signature – Department Chair

Signature – Vice President of Academic Affairs

Date

Date

Cc: Campus Safety Office