

ACTIVITY REQUEST FORM

INSTRUCTIONAL FIELD TRIP

Name of Faculty Member Making Request

Date of Request

Class/Course Title

Students
On Trip

Faculty Member(s) Accompanying Students

Organization, Facility or Site to be Visited

Location/Address

Name/Title of Staff at Facility to be visited Granting Permission

Date(s) _____ Time-Beginning _____ Ending _____

Describe the Activity:

The educational relationship between the proposed activity and the course of study:

Indicate how students will be transported to activity location and arrangements for payment of any instructional expenses:

Signature of Instructor

*Administrative Supervisor

Approved

Disapproved

*Note: If disapproved, explanation must accompany this form. Areas for changes to be considered prior to approval must accompany this form as appropriate.