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.