

Field Trip/Course Request for Approval

Faculty Member: Please fill out the Information below and submit It for approval as directed.

Field trip/course approval Is requested for:

Type of Trip: _____

Credit Course #: _____ Continuing Ed. Course #: _____ Student Account Number: _____

Inclusive Dates of Trip: _____

Course/Trip Location: _____

Sponsoring Division/Campus: _____

Faculty Sponsor: _____ Phone: _____

Purpose and Value of Trip (Attach syllabus if field course): _____

Known Hazards: _____

Is there a State Department Warning, Caution, or Notice? No _____ Yes _____

Estimated Number of Participants: _____

- Transportation: A. _____ Students are traveling independently
 B. _____ College vehicle (Reserve through Facilities Office)
 C. _____ Common carrier (Purchasing procedures must be followed)
 D. _____ Travel agent Procurement

Campus: _____
Dept.: _____
Fund: _____
AIS Acct. #: _____

Estimated cost/fee per participant: _____

Fees pay for:		Yes	No	N/A
Transportation	_____	_____	_____	_____
Lodging	_____	_____	_____	_____
Meals	_____	_____	_____	_____
Admission Fees	_____	_____	_____	_____
Other	_____	_____	_____	_____

NOTE: Proper purchasing and financial procedures must be followed for acquisition and payment for the above services.
 (Form 125-84 Student Travel Expenditure Request/Report must be completed).

Recommend:	
<input type="checkbox"/> Approval	<input type="checkbox"/> Disapproval
_____ Division Dean/Dir. of Cont Ed./ Dean of Students' Signature	_____ Date

Action:	
<input type="checkbox"/> Approval	<input type="checkbox"/> Disapproval
_____ Provost's Signature	_____ Date

President's Signature (if International Trip): _____ Date: _____

Trip Number (Assigned by Provost): _____

- Distribution: Division Dean
 Dean of Students
 Director of Continuing Education (As appropriate)
 Business Manager
 Office of the Controller