Field Trip Authorization Form

(1 of 2 pages)

Please turn this form into the Office of Academic Affairs prior to going on your trip. ***We will then give you our contact information to have in case of an emergency on your end***.

Dates of Trip: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Number / Section Number / Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of students attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Means of Transportation (Indicate Company, address, phone number, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If flying, Flight Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If overnight trip, Hotel Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chancellor / Chief Academic Officer Date

Approval signature

***When you leave for the trip, a list must be left behind containing an exact listing of who is in attendance for the trip. This way, if someone is not on the trip (canceled at the last moment) and there is an emergency, we are not looking for that person. The checked off list can be left in the Symmco House or Amity Sloppy’s mailbox in Hiller Bldg. prior to your departure.***

(2 of 2 pages)

Please complete this sheet containing the following information for each person going on the trip: Name, Address, Emergency phone number and relationship of contact person to attendee. Turn this info into the Academic Affairs office prior to your departure.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person going on trip  (Print legibly) | Address  (Print legibly) | Emergency Phone #  (Print legibly) | Relationship of contact person to attendee and name  (Print legibly) |
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