



**FIELD TRIP INFORMATION/APPROVAL FORM**

Department, Class, and/or Organization Sponsor: \_\_\_\_\_

Faculty/Staff Member(s) Attending (name/title/phone): \_\_\_\_\_

Trip Destination (attach itinerary if overnight stay involved): \_\_\_\_\_

Trip Dates (beginning and end): \_\_\_\_\_

Trip Purpose: \_\_\_\_\_

List Method(s) of Transportation: \_\_\_\_\_

Number of Student Participants: \_\_\_\_\_ Participant List Attached?  Yes  No

Any Special Accommodations Required?  Yes  No [If yes, please list:] \_\_\_\_\_

Is There a Participant Charge?  Yes  No [If yes, please indicate:] \_\_\_\_\_

Faculty/Staff Member Emergency Contact Info. (cell phone, destination phone number, etc.):  
\_\_\_\_\_

Instructors Involved: List the names of those instructors who will be affected by the absence of these students.

Instructor	Class	Hour

Other Important Information: \_\_\_\_\_

Approved:  Yes  No

\_\_\_\_\_  
Faculty/Staff Member Date

\_\_\_\_\_  
Dean or Designee Date

\_\_\_\_\_  
Director of Student Development Date



**FIELD TRIP PARTICIPANT LIST**

Department: \_\_\_\_\_ Organizer(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Destination/Description of Field Trip: \_\_\_\_\_

Start Date & Time: \_\_\_\_\_ End Date & Time: \_\_\_\_\_

FIELD TRIP PARTICIPANT LIST			
Participant Name	Emergency Contact Information		
	Contact Name	Relationship	Phone Number
1.			
2.			
3.			
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