

# North Central State College

## FIELD TRIP REQUEST FORM

(This request must be completed and delivered to the appropriate Divisional Dean's office a minimum of one week in advance of the event.)

Course No.	Section No.	Course Title	Time	Day(s)	Location

1. Academic Purpose: \_\_\_\_\_  
\_\_\_\_\_

2. Location of Field Trip: \_\_\_\_\_  
Address \_\_\_\_\_

3. Time Involved: Leave \_\_\_\_\_ Return \_\_\_\_\_

4. Type of transportation: \_\_\_\_\_

5. Cost, if any, to school/student/faculty member: \_\_\_\_\_

6. Date of Event: \_\_\_\_\_

7. Have other affected course faculty been notified by field trip coordinator?  
Yes \_\_\_\_\_ No \_\_\_\_\_

8. Have all students attending the field trip completed a *Field Trip Permit* form:  
Yes \_\_\_\_\_ No \_\_\_\_\_

9. \_\_\_\_\_  
Signature of faculty member making request Date

<b>DIVISIONAL DEAN'S RECOMMENDATION:</b>	Approve: _____	Reject: _____
Signature _____	Date _____	
COMMENTS: _____		

Distribution: Divisional Dean's Office (original)  
Copy to Requestor

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