



STUDENT FIELDTRIP/EXCURSION REQUEST FORM

This request must be filed with the appropriate dean and/or director **at least two weeks** (in-state travel) or **six weeks** (out-of-state travel) prior to the date of departure to establish the proposed travel as a college sponsored activity. This assures insurance coverage for staff, students and the District. For overnight trips, please attach a copy of your itinerary with contact names, hotels and cell phone numbers for the staff traveling with students.

Department: _____ Instructor/Staff _____ Phone _____

Course/Activity: _____

Purpose: _____

Destination: _____ BOARD APPROVAL NEEDED? _____
(for out of state)

Date(s)/Times: _____
(If more than one day, please list ALL dates including travel dates)

Number of Students Participating: _____ Actual Charge to District: \$ _____ to Student \$ _____
(Attach printed/typed list of student names – First & Last) **No student whose name is not on this list may attend**

Requests/Comments: _____

CHECK APPROPRIATE COLUMN – ALL ITEMS SHOULD BE ADDRESSED

Completed In Process N/A

_____	_____	_____	Adult/Minor Field Trip Authorization/Medical Waiver forms Delivered to Administrative Services
_____	_____	_____	Accommodations – if you believe you may have a student who will require accommodations – you must provide a copy of this form to DSPS
_____	_____	_____	Travel Agency Agreement form – if travel agent is making arrangements
_____	_____	_____	Non-student Volunteer Participation form
_____	_____	_____	Faculty/Staff Travel Authorization/Reimbursement Form

TRANSPORTATION

_____ **Charter of Transportation Or District-owned Vehicles** (Recommended mode of travel). Arrangements for vehicles must be made through Maintenance & Operations in advance. **RESERVATIONS with M&O ARE NOT MADE AS A RESULT OF FILLING OUT THIS FORM!**

_____ **Individual Arrangements** – Class convenes AND adjourns at destination. Instructor and district assume no responsibility for the “commute”. **Staff must not supervise use of private cars, participate in car pool or caravan arrangements, or provide suggested routes/driving time.**

_____ **Transportation Waivers completed/delivered to Administrative Services for all students traveling by private vehicle**

Instructor/Staff Signature: _____ Date: _____

APPROVALS:

Division Dean/Director _____ Date: _____

Signature here indicates trip approval **AND** that you have verified available funding for the activity

Vice President : _____ Date: _____
(required for out of state OR overnight travel)