Department:  Request for Student Field Trip and Excursions

Original completed forms must be submitted to Risk Management at least 2 weeks (in-state travel) or 6 weeks (out-of-state travel) prior to the date of departure to establish the proposed travel as a college sponsored activity and ensure insurance coverage for staff, students and the District. **For overnight trips, please attach a copy of the itinerary with hotel information and/or flight information.**

### A. Field Trip Information

Supervising Staff Name: _______________________________ Today’s Date: _______________

Cell Phone (in case of emergency): _______________________________ Extension: __________________

Department Name: _______________________________ Course / Activity: __________________

Destination: __________________________________________

Address: _____________________________ City/State: _____________________________

Purpose of trip: ___________________________________________________________________________________________________

Departure Date: _______________ Time: ____________ / Return Date: _______________ Time: ____________

No. of Students Attending (attach roster): _______________ Board Approval Needed (for out-of-state) ____________________

### B. Check List

**Completed**

- _______ Student: Agreement and Medical Release For Field Trips and Excursions (one per student)
- _______ Accomodations – DSPS form must be provided for student requiring accomodations
- _______ Non-student Volunteer Participation Form, if applicable (Volunteer must be approved through Human Resources)
- _______ Faculty/Staff Travel Authorization/Reimbursement Form or Day Travel Approval Form

**Transportation**

- _______ District-owned Vehicle (Reservations must be made directly through M&O)
- _______ Chartered Transportation
- _______ Individual Arrangements (Class convenes AND adjourns at destination. Staff and District assume no responsibility for the “commute”. **Staff must not supervise use of private cars, participate in carpool or caravan arrangements, or provide suggested routes/driving time.**)

Instructor / Staff Signature ___________________________ Date _______________

**APPROVALS:**

<table>
<thead>
<tr>
<th>Division Dean / Director</th>
<th>Date</th>
<th>Vice President</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Signature indicates trip approval AND that funds have been verified for this activity)</td>
<td></td>
<td>(Approval required for out-of-state OR overnight travel)</td>
<td></td>
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**Anticipated Board approval date:** _________________________

10 / 2011