

ACADEMIC PROGRAMS

**APPLICATION FOR APPROVAL OF FIELD TRIP**

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Course Name, Number: \_\_\_\_\_ Instructor: \_\_\_\_\_

Bus, State Car or State Van, Personal Car: \_\_\_\_\_

Destination: \_\_\_\_\_ Mileage Round Trip: \_\_\_\_\_

Time of Departure: \_\_\_\_\_ Time of Return: \_\_\_\_\_

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

\_\_\_\_\_  
(Department Head Signature)

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**Please list Students and Driver(s)/Car(s)**