SOUTHWESTERN
AN OREGON COMMUNITY COLLEGE

# STUDENT FIELD TRIP/EXCURSION REQUEST FORM

| *Adm. Services Use* |
|---|
| Trip No.: |
| 26- |

*This form is to be used for all student field trips, student excursions and sponsored events affiliated with SWOCC.*

Complete the information below, including appropriate signatures, and submit to the appropriate Dean or Director **at least 30 days in advance of the proposed trip (See AP 4300 for other deadlines and general procedures)** to allow sufficient time for routing. President approval needed if traveling out of state. Approved copies kept on file in the Administrative Services office.

**TRIP INFORMATION**

| | |
|---|---|
| DATE OF REQUEST: | TRIP LEADER: |
| | EMAIL: |
| | PHONE: |

:☐ CLASS ☐ GRANT ☐ GROUP or CLUB CLASS/GRANT NO:

NAME:

DEPARTMENT/PROGRAM:

DESTINATION:

| | | |
|---|---|---|
| DATE(S) OF TRIP: | START TIME: | END TIME: |

REASON FOR TRIP:

TRANSPORTATION TYPE:☐SWOCC VEHICLE ☐RENTAL ☐PRIVATE ☐ AIR or OTHER ( )

LIST ALL DRIVERS *(If applicable)*:

| | | |
|---|---|---|
| SOURCE OF FUNDING (BUDGET #) | | |
| | NAME: | PHONE NO.: |
| ADDITIONAL STAFF/VOLUNTEER ATTENDING: | | |
| ADDITIONAL STAFF/VOLUNTEER ATTENDING: | | |
| ADDITIONAL STAFF/VOLUNTEER ATTENDING: | | |

What known risks might be associated with this trip and what controls can be put in place to minimize them?

**APPROVALS**

| | | |
|---|---|---|
| SUPERVISOR | SIGNATURE | DATE |
| VP OF ADMINISTRATIVE SERVICES | SIGNATURE | DATE |
| PRESIDENT (IF OUT OF STATE OR COUNTRY) | SIGNATURE | DATE |

CLERY REPORTING: **IF STAYING OVERNIGHT**, LIST HOTEL, ADDRESS, CITY, ST, ZIP (attach a sheet if necessary)