

## STUDENT FIELD TRIP/EXCURSION REQUEST FORM

*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: \_\_\_\_\_  
 CLASS / STUDENT GROUP TRAVELING (May attach a separate sheet that includes the class name or student group, dates, times, and destination):  
 \_\_\_\_\_

DATE(S) OF TRIP: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_  
 DESTINATION:  
 \_\_\_\_\_

### LIST ALL DRIVERS:

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

SOURCE OF FUNDING (BUDGET #) \_\_\_\_\_

TRIP LEADER CONTACT INFO: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDITIONAL STAFF/VOLUNTEER ATTENDING: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDITIONAL STAFF/VOLUNTEER ATTENDING: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDITIONAL STAFF/VOLUNTEER ATTENDING: \_\_\_\_\_ PHONE #: \_\_\_\_\_

### Answer the following questions to better assist us in understanding any risks associated with your excursion:

What is the purpose of the trip?  
 \_\_\_\_\_  
 \_\_\_\_\_

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)

\_\_\_\_\_