

FIELD TRIP REQUEST

CAMPUS_____ DATE OF REQUEST_____

NAME_____

Purpose of Field Trip_____

Destination_____

Dates of Field Trip: From_____ through_____

School Days Involved_____ Estimated Distance_____ (miles round trip)

Non-School Days Involved_____

ESTIMATED EXPENSES

REASON FOR ATTENDING

Registration \$_____ _____

Transportation \$_____ _____

Other _____ \$_____ _____

_____ \$_____ _____

TOTAL _____

REQUESTOR SIGNATURE_____

_____ Department

_____ Dean Signature

Approved_____ Disapproved_____

COMMENTS_____

Please Note: Each participant will need to fill out and return the [SSCC Field Trip Waiver of Liability / Hold Harmless Agreement Form](#).