

**Academic Off-campus Activity Request Form**

**Directions:** Read the guidelines printed on the reverse side of this page. Then, please complete this form in order to arrange for all academic off-campus activities. Submit the completed form to the **Associate Academic Dean**. Please note that a different form is used for club or student group activities. It is entitled, "College-Sponsored Student Activity Request Form," and is available from the Office of Student Services.

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**SECTION I – ACADEMIC ACTIVITY DESCRIPTION**

Class number / Name \_\_\_\_\_ / \_\_\_\_\_

Sponsor(s) attending \_\_\_\_\_ Number in group \_\_\_\_\_  
*(Please attach participant list)*

City/Destination \_\_\_\_\_

Purpose of trip \_\_\_\_\_

Trip is \_\_\_\_\_ Required \_\_\_\_\_ Optional  
*(Field trips should not be scheduled during the last two weeks of the quarter.)*

Departure information: \_\_\_\_\_ a.m. / p.m.  
Day Date Time

Return information: \_\_\_\_\_ a.m. / p.m.  
Day Date Time

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**SECTION II – TRAVEL DETAILS / DEPARTMENTAL AUTHORIZATION**

Indicate the number of vehicles on the line beside the vehicle type(s).

\_\_\_\_ college van(s) \_\_\_\_ private car(s) \_\_\_\_ bus(es)

Name, address, phone number of bus charter: \_\_\_\_\_ Planned Route: \_\_\_\_\_

[ \_\_\_\_\_ ] \_\_\_\_\_

[ \_\_\_\_\_ ] \_\_\_\_\_

Round-trip mileage: \_\_\_\_\_ Driver(s): \_\_\_\_\_ \*

Method of payment for transportation costs (if college account, indicate number): \_\_\_\_\_

**Dept. Chair's Signature** \_\_\_\_\_

*I have read "Arrangements for Field Trips" and "Field Trip Expense Policy" in the Faculty Handbook (III-5).*

**Sponsor's Signature** \_\_\_\_\_

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**SECTION III – ACTION TAKEN**

*Office Use Only*

\_\_\_\_ Approved \_\_\_\_ Not Approved Date submitted to Assoc. Academic Dean: \_\_\_\_\_

\_\_\_\_\_  
**Associate Academic Dean's Signature** Date sent to Insurance Department: \_\_\_\_\_

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**\*SECTION IV – INSURANCE CLEARANCE**

*Office Use Only*

\_\_\_\_ Insurance checked \_\_\_\_ Vehicle registration checked \_\_\_\_ DMV record checked

\_\_\_\_\_  
**Insurance Department Signature** Date