

SANTA CLARITA COMMUNITY COLLEGE DISTRICT
COLLEGE OF THE CANYONS

FIELD TRIP REQUEST

All Field Trip Requests require Board Approval before departure date(s) of Field Trip.
For Board approval prior to this trip, please allow a **minimum of 3 weeks after last approval** to process this Request.

DEPARTURE DATE(S) OF FIELD TRIP*:

RETURN DATE(S) OF FIELD TRIP*:

***NOTE:** Each Field Trip Destination requires a **separate** Field Trip Request form.
A Field Trip Date Change will require a **new** Field Trip Request form.

PLEASE PRINT CLEARLY:

| | |
|--|---|
| Instructor/Advisor: | |
| Email – Waiver will be sent to email address shown here after all approval's below | |
| Telephone / Extension | |
| CHECK ONE: <input type="checkbox"/> INSTRUCTION CLASS (CREDIT OR NON-CREDIT) <input type="checkbox"/> ASG-CLUB <input type="checkbox"/> OTHER (specify) | |
| Class (Name/Number/Section) or Club: | |
| Activity(ies)/Destination(s) | |
| Transportation (check one): | <input type="checkbox"/> Responsibility of Student <input type="checkbox"/> Provided by college |

Describe the objectives of the proposed activity(ies) and how they relate to course/program/club content/objectives:

→ → REQUIRED SIGNATURES ← ←

- No travel is allowed or authorized by the District without the following signatures and Board approval.
- For Board approval prior to this trip, please allow a **minimum of 3 weeks after last approval** to process this Request

| | |
|----------------------------|-------|
| _____ | _____ |
| Instructor / Advisor | Date |
| _____ | _____ |
| Department Chair / Manager | Date |
| _____ | _____ |
| Division Dean / Director | Date |
| _____ | _____ |
| Academic Affairs | Date |

Academic Affairs / Fiscal Services / Risk Management Use Only

Instruction Office: Copies to FS RM Div Dean Faculty Date Sent _____

Fiscal Services: Board Date _____

Risk Management: Waiver sent to email shown above Date Sent _____