

DES MOINES AREA COMMUNITY COLLEGE

Field Trip Approval

Individual Requesting Field Trip: _____

Program Group: _____ Date: _____

Field Trip Destination(s): _____

Firm/Business & City: _____

Purpose: _____

Inclusive Date(s) of Trip – Departure: _____, 200__ Return _____ 200__

Time – Departure _____ Return: _____

Firm/Business Contact Person Name _____ Phone: _____

No. of Student Attending: _____

Name(s) of Staff Attending: _____

Classes to be Covered: _____ Arrangements: _____

Transportation: (Circle)

Commercial Carrier: Yes No Company Name: _____

College Vehicle: Yes No

Drivers: Staff *Student(s)

Individually Owned

Vehicles: Yes No

Drivers: Staff Student(s)

Note: If a student drives a college vehicle, apprise the student of Business Procedure Manual No. 518, IIIF & G, which speak about insurance liability.

Approval: Yes No Reason(s) _____

Dean: _____

Submit in Duplicate – one copy originator, one in dean’s office