

ROANE STATE COMMUNITY COLLEGE

STUDENT FIELD TRIP APPLICATION

All divisions or faculty wishing to take students on field trips must complete this form. The trip must be approved one (1) week prior to the departure date.

TO: _____
(Division Dean) (Date)

FROM: _____
(Department and person making request)

CLASS OR CLASSES ON FIELD TRIP: _____

DESTINATION: _____

DATE AND TIME OF TRIP: _____
(Date) (Leave) (Return)

MODE OF TRANSPORTATION: _____

HOW FINANCED: _____

HOW DOES THIS TRIP IMPROVE ACADEMIC PROFICIENCY? _____

FACULTY ACCOMPANYING STUDENTS:

1. _____ 2. _____ 3. _____

STUDENTS ON TRIP:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Division Dean Date

Vice President of Student Learning Date