

Excursion Request for Authorization and Approval

Department:

Faculty/Department Chaperone(s):

Excursion:

Excursion Dates:

Purpose:

Destination:

Length of Trip:

Schedule of Activities:

Name and ID Numbers of Student Attendees:

Mode of Transportation:

Food and Lodging (include location if applicable):

Contact Names and Numbers:

In Case of Emergency, the Nearest Urgent Care Center or Emergency Room is Located:

Immunizations Needed:

Cost:

Revenue Source:

Direct cost to students:

Method of payment: