Western Nevada College
REQUEST FOR ACTIVITY/FIELD TRIP APPROVAL

Date of Request:______________  Instructor:______________

Name of Class:______________  Sec. No.:______________

Date(s) of field trip:

  Time of Departure:__________  Time of Return:__________

Place and address of visitation/itinerary:_____________________________

____________________________________________________________________

Size and make up of group:

  # of men:____  # of women:____  # of children:____

Have parental consent forms been signed for children under 18 years of age?  ____yes  ____no

Educational value / purpose of field trip:_______________________________

____________________________________________________________________

For the student, is this field trip  ____required  ____optional?

If handicapped students are members of this class, have their special needs been provided for so they can participate  ____yes  ____no

If a camping, hiking or similar activity, what special safety precautions have been provided (e.g., snake–bite kits, first–aid kits, etc.)?

____________________________________________________________________
If food and lodging arrangements are required, please give details:
________________________________________________________________________
________________________________________________________________________
If public transportation is used, how many buses? _____  Cost: $ _____

Name of carrier: ________________________________

Has a purchase order been submitted?  ____yes  ____no

If state vehicles are to be used, has each driver completed defensive driving course?  ____yes  ____no

Have all participating adult students signed liability waiver forms?  ____yes  ____no

Are expenses to be paid by students?  ____yes  ____no

Per Diem requested for instructor?  ____yes  ____no

Mileage requested for instructor?  ____yes  ____no

Mileage requested for private car drivers?  ____yes  ____no

Date approved: ____/____/____

By: __________________________  Title: __________________  Date: ____/____/____
Instructor/Professor

By: __________________________  Title: __________________  Date: ____/____/____
Immediate Supervisor

By: __________________________  Title: __________________  Date: ____/____/____
Division Chair/Dept. head

By: __________________________  Title: __________________  Date: ____/____/____
WNC V.P.