

WEST VALLEY-MISSION COMMUNITY COLLEGE DISTRICT

Voluntary Field Trip/Excursion Authorization

This Form Must Be Filed With The Dean/Director At Least 5 Working Days Before The Expected Date Of The Activity

INSTRUCTOR/ADVISOR

CLASS (NAME/NUMBER/SECTION)

\_\_\_\_\_

\_\_\_\_\_

ACTIVITY(IES)/DESTINATION(S)

DEPARTURE DATE

RETURN DATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe The Objectives Of The Proposed Activity(ies) And How These Objectives Relate To Course/Program Content And Objectives.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transportation: \_\_\_\_\_ Provided By District  
\_\_\_\_\_ Responsibility Of Student

Permission Is Requested To Conduct The Above Listed Voluntary Activity(ies), Involving The Students Indicated On The Attached Roster, Away From West Valley-Mission Community College District Campus.

Attached Is A Completed And Signed Field Trip/Excursion Notice Form For Each Student On The Roster

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_  
Instructor/Advisor

Approved \_\_\_\_\_  
Rejected \_\_\_\_\_ Reason: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Administrator