

SHAWNEE COMMUNITY COLLEGE
Ullin, Illinois 62992

Field Trip Request

Date: _____ Instructor's Name: _____

Department: _____ Activity Type and Place: _____

Activity Date and Time: _____ Purpose of Activity: _____

Transportation Information:

Time of Departure: _____ Time of Return: _____

Name of Driver: _____ Driver's License Number: _____

Insurance Company: _____ Coverage: _____

Names of Student/Classes Missed:

- | | |
|-----------|-----------------------|
| 1. _____ | Classes Missed: _____ |
| 2. _____ | Classes Missed: _____ |
| 3. _____ | Classes Missed: _____ |
| 4. _____ | Classes Missed: _____ |
| 5. _____ | Classes Missed: _____ |
| 6. _____ | Classes Missed: _____ |
| 7. _____ | Classes Missed: _____ |
| 8. _____ | Classes Missed: _____ |
| 9. _____ | Classes Missed: _____ |
| 10. _____ | Classes Missed: _____ |
| 11. _____ | Classes Missed: _____ |
| 12. _____ | Classes Missed: _____ |
| 13. _____ | Classes Missed: _____ |
| 14. _____ | Classes Missed: _____ |

Note: If you have additional students/classes missed, please place them on the back side of the request.

Office Use Only:

1. Submit a copy to the Vice President of Instructional Services prior to the activity.
2. The Vice President of Instructional Services will retain one copy and will return one to the instructor.

Approved Disapproved

_____ (Vice President of Instructional Services)